

MB 7/9/19

Real Property Data Search

Search Result for HOWARD COUNTY

View Map		View GroundRent Redemption		View GroundRent Registration					
Tax Exempt:		Special Tax Recapture:							
Exempt Class:		NONE							
Account Identifier:		District - 03 Account Number - 305821							
Owner Information									
Owner Name:		HABIBI HASSAN MORTAZAEE ASHRAF T/E		Use: Principal Residence: RESIDENTIAL YES					
Mailing Address:		2599 LOUANNE CT W FRIENDSHIP MD 21794- 5865		Deed Reference: /05546/ 00669					
Location & Structure Information									
Premises Address:		2599 LOUANNE CT WEST FRIENDSHIP 21794- 0000		Legal Description: LOT 32 3.021 AR S 2 2599 LOUANNE CT FRIENDSHIP MANOR					
Map:	Grid:	Parcel:	Sub District:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:
0015	0017	0235		2002			32	2019	Plat Ref:
Special Tax Areas:			Town:			NONE			
			Ad Valorem:			100			
			Tax Class:						
Primary Structure Built		Above Grade Living Area		Finished Basement Area		Property Land Area		County Use	
2009		8,021 SF				3.0200 AC			
Stories	Basement	Type	Exterior	Full/Half Bath	Garage	Last Major Renovation			
2	YES	STANDARD UNIT	BRICK	4 full/ 1 half	1 Attached				
Value Information									
		Base Value		Value		Phase-in Assessments			
				As of 01/01/2019		As of 07/01/2018		As of 07/01/2019	
Land:		220,900		260,100					
Improvements		1,101,300		1,263,800					
Total:		1,322,200		1,523,900		1,322,200		1,389,433	
Preferential Land:		0						0	
Transfer Information									
Seller: GAITHER HARRY CLAY			Date: 06/26/2001			Price: \$170,000			
Type: ARMS LENGTH VACANT			Deed1: /05546/ 00669			Deed2:			
Seller:			Date:			Price:			
Type:			Deed1:			Deed2:			
Seller:			Date:			Price:			
Type:			Deed1:			Deed2:			
Exemption Information									
Partial Exempt Assessments:		Class		07/01/2018		07/01/2019			
County:		000		0.00					
State:		000		0.00					
Municipal:		000		0.00 0.00		0.00 0.00			

LAYOUT 2/2/07 INSP 4 _____
 INSP 2 2/27/07 INSP 5 _____
 INSP 3 3/1/07 INSP 6 _____

ISSUE DATE: 10/4/2006 P 525585

APPROVAL DATE: 10/1/07 (KM) A 524163

**PERMIT
INDEXED**
TAX ID #03-305821

**ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH**

J Joseph Gartland IS PERMITTED TO INSTALL ALTER

ADDRESS: 1835 West Old Liberty Rd PHONE NUMBER: 410-875-2400

SUBDIVISION: Friendship Manor LOT NUMBER: 32

ADDRESS: 2599 Louanne Court PROPERTY OWNER: Sherry Mortazee

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS) n/a COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 149 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 2.0 feet below original grade. Bottom maximum depth 4.0 feet below original grade. Effective area begins at 2.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	
NOTES:	Basement not serviced by gravity.

PLANS APPROVED: Sara Fegel Reviewed by: _____ DATE: 7/21/05

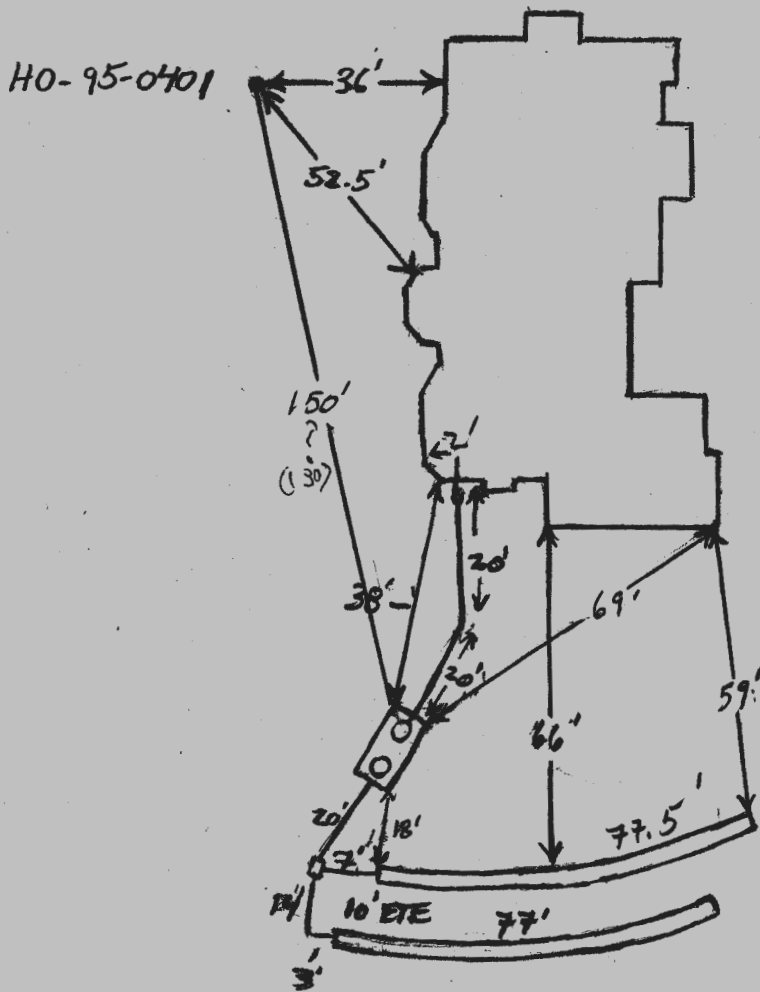
NOTES: PERMIT VOID AFTER 2 YEARS
 CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
 WATERTIGHT SEPTIC TANKS REQUIRED
 ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
 MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED
 CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS
 RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
 PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
 ALL 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM**

**BUILDING PERMIT SIGNED
 AND RETURNED**

8/14/07 B07003252 RETAINING WALL
 7/10/07 B07002280 500 gal UG LPTANK

NOT TO SCALE



ROAD

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3.5'	2'	4'
NUMBER OF TRENCHES		2
TOTAL LENGTH		154'
ABSORPTION AREA		539 + SW
DISTRIBUTION BOX LEVEL		Under
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		NO

SEPTIC TANK DATA		
SEPTIC TANK 1 LEVEL <u>to Rear</u>		
Capacity	1500	GAL
SEAM LOC	Top	
TANK LID DEPTH	1'	
BAFFLES	Yes	1/6" Foot
BAFFLE FILTER		
MANHOLE LOC	F/R	
6" PORT LOC		
WATERTIGHT TEST		
SEPTIC TANK 2 LEVEL		
CAPACITY		GAL
SEAM LOC		
TANK LID DEPTH		
BAFFLES		
BAFFLE FILTER		
MANHOLE LOC		
6" PORT LOC		
WATERTIGHT TEST		

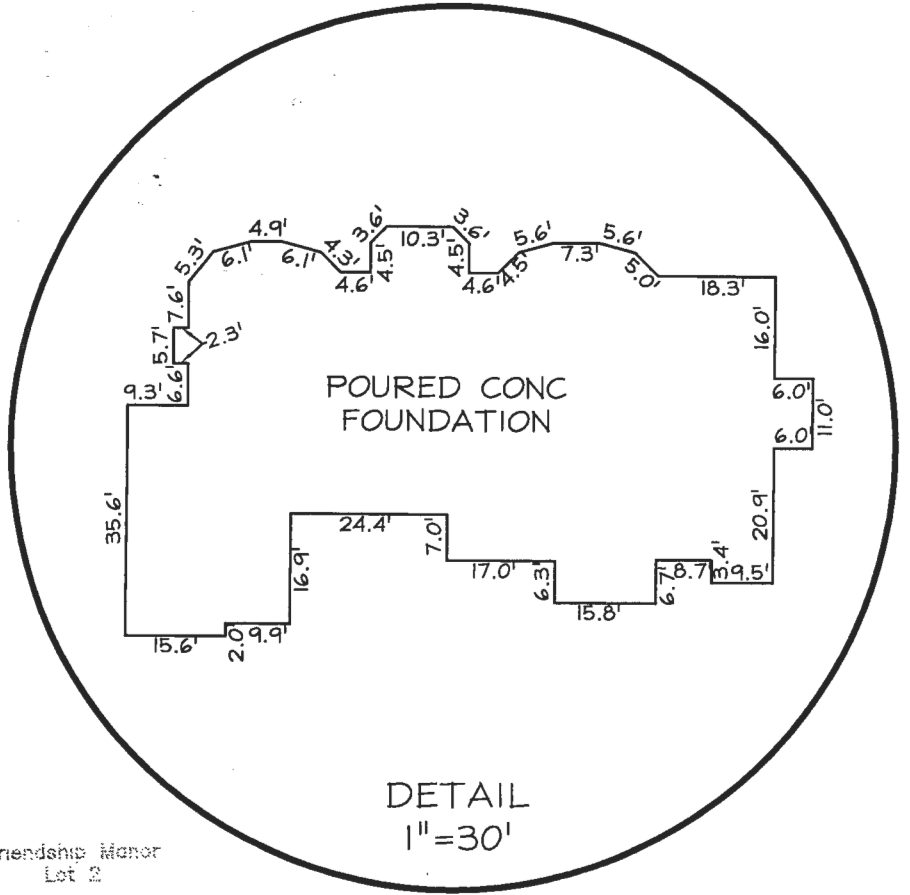
PRE-CONSTRUCTION 2/2/07 Told Contractor to set Tank and D box according to plan. Run 2x 75' trenches on contour. 3' wide, 9' Edge-to-Edge separation between them. Call for open trench map to verify soil profile. (KW) 2/27/07 Tank set per installation. Baffles installed, plumbing from tank to House installed. (KW) Bottom trench installed. OK to backfill bottom trench. 1/2 way finished Top trench, 4' batters and 2' inlets on both trenches. Need risers on tank. (KW) 3/1/07 Last trench complete. D box ~~at front of tank~~ installed. Risers on front and back.

FINAL INSPECTOR K. Wall DATE OF APPROVAL 10/1/07

OK to cover. Need house connection. (KW)
10/1/07 House conn. verified by homeowner (KW)

PROPERTY KNOWN AS:
 2599 LOUANNE COURT
 SECTION 2 LOT 32
 PLAT #3887
 TAX MAP 15 GRID 17
 P/O PARCEL 235
 5TH ELECTION DISTRICT
 HOWARD COUNTY, MD

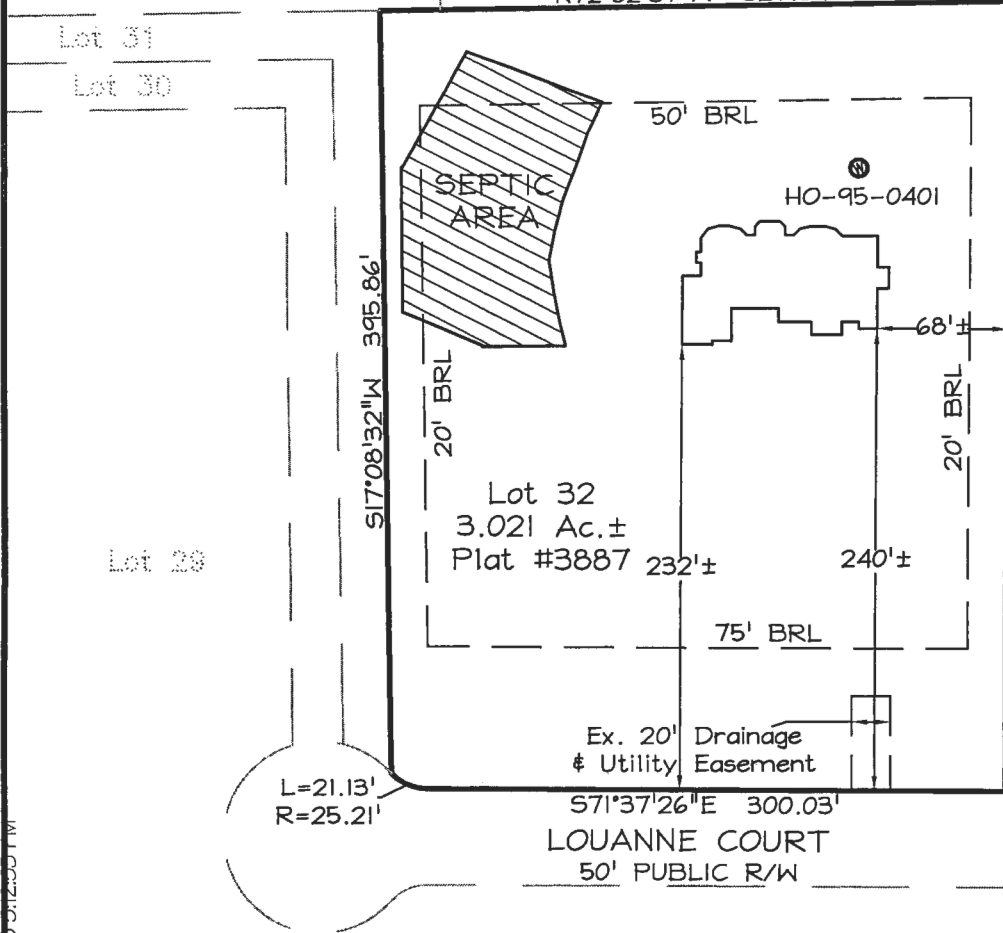
THIS PLAT CAN NOT BE USED TO ESTABLISH
 PROPERTY LINES OR CORNERS.



Friendship Manor
 Lot 3

Friendship Manor
 Lot 2

N72°52'37"W 327.34'



10/3/06
 Walk Check OK

FOUNDATION LOCATION DRAWING

TOP WALL ELEV. 527.64'

CERTIFICATION

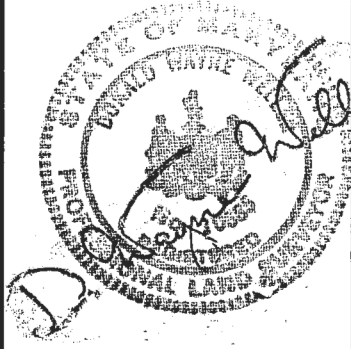
SEAL

SCALE: 1"=100'

DATE: 9/2006

This is to certify that I have surveyed the property known as:
 2599 LOUANNE COURT

The information shown has been established by current acceptable survey procedures and from available record information. This drawing is to be used for Title Transfer Financing, or Refinancing Only and IS NOT to be used for the Establishment of Property Lines, Location for Fences, Garages, Buildings, or other Existing or Future Improvements.



LDE Inc.
 Engineers, Surveyors, Planners

9250 Rumsey Road, Suite 106
 Columbia, Maryland - 21045
 (410)715-1070 - (410)715-9540 Fax

DRAWING: MDL

INV. # 06-002.1

PLAN VIEW

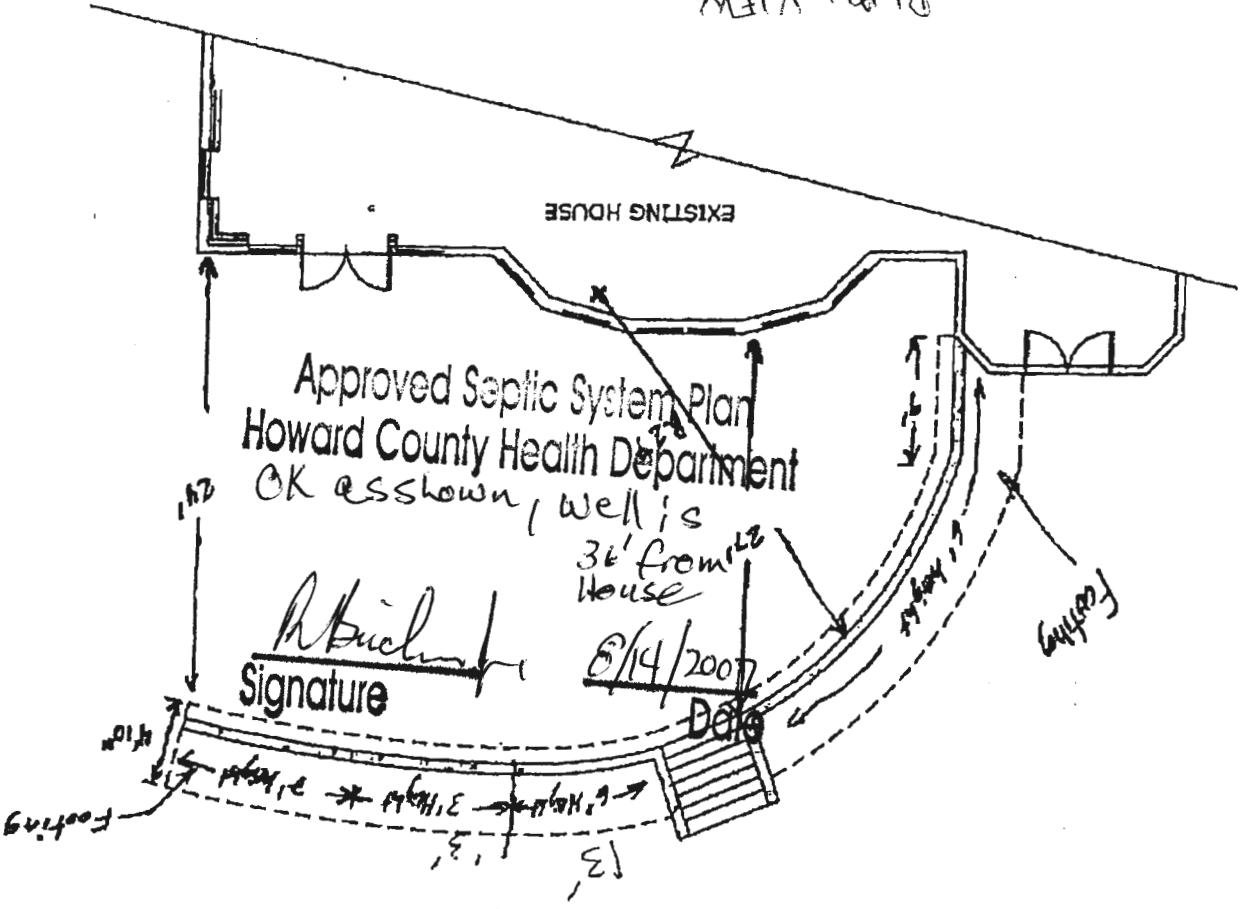
EXISTING HOUSE

Approved Septic System Plan
Howard County Health Department

OK as shown, well is
36' from House

R. Buchholz
Signature

6/14/2007
Date



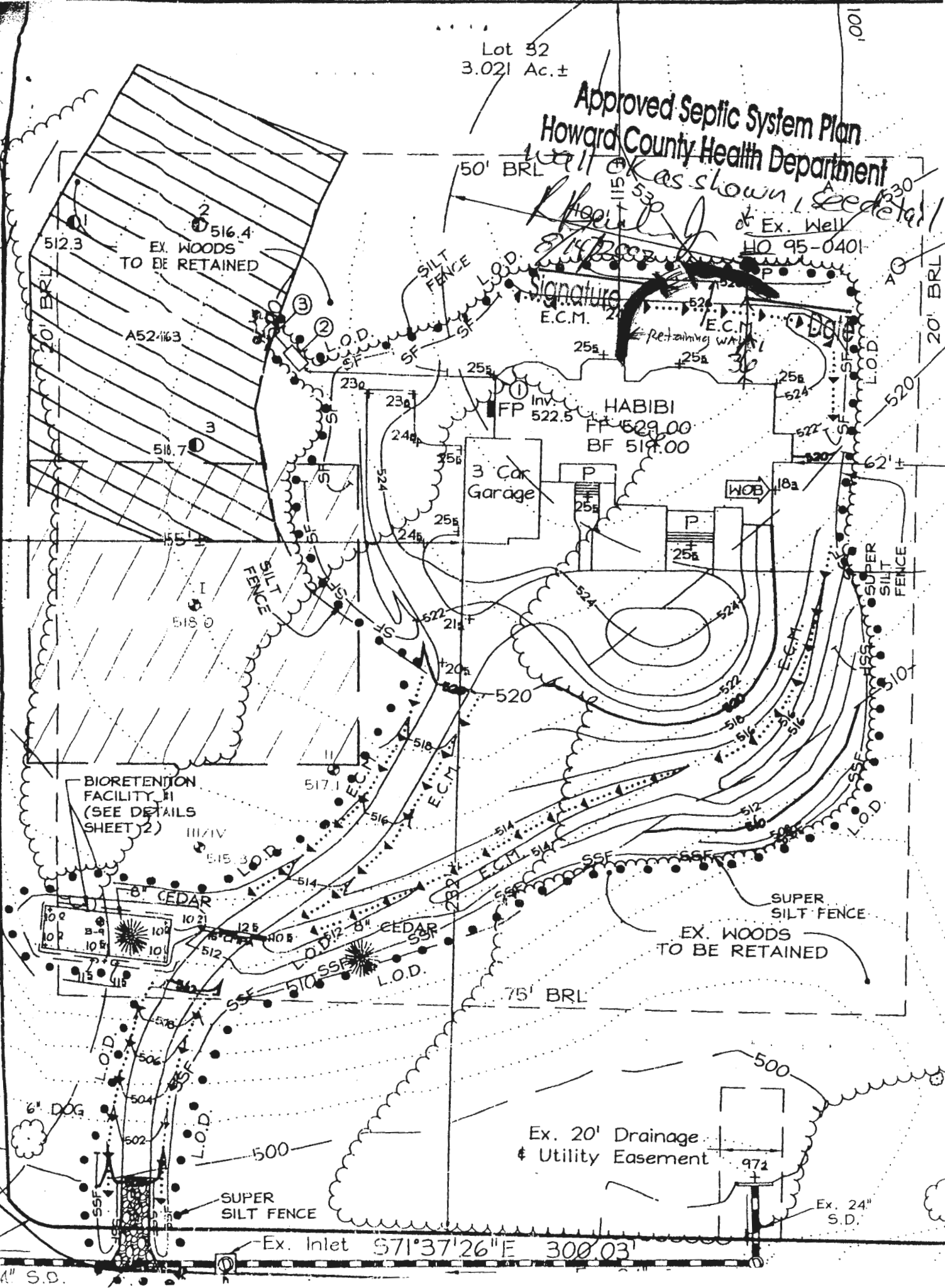
Lot 32
3.021 Ac.±

Approved Septic System Plan Howard County Health Department

Well as shown in detail
of Ex. Well
HO 95-0401

Signature
E.C.M.

98.56E M.2E.180.71S Ex. Driveway



24" S.D.

Lot 32
3.021 Ac. ±

1500 S.F.
WELL BOX

50' BRL

50'
PRIMARY
WELL SITE

EX. WOODS
TO BE RETAINED

100' R

20' BRL

155' ±

SILT
FENCE

HABIBI
FF 529.00
BF 519.08

3 Car
Garage

WOB

SUPER
SILT
FENCE

N18°22'29"E 411.30'

SUPER
SILT
FENCE

EX. WOODS
TO BE RETAINED

75' BRL

8" CEDAR

8" CEDAR

Ex. 20' Drainage
& Utility Easement

Ex. 24" S.D.

SUPER
SILT
FENCE

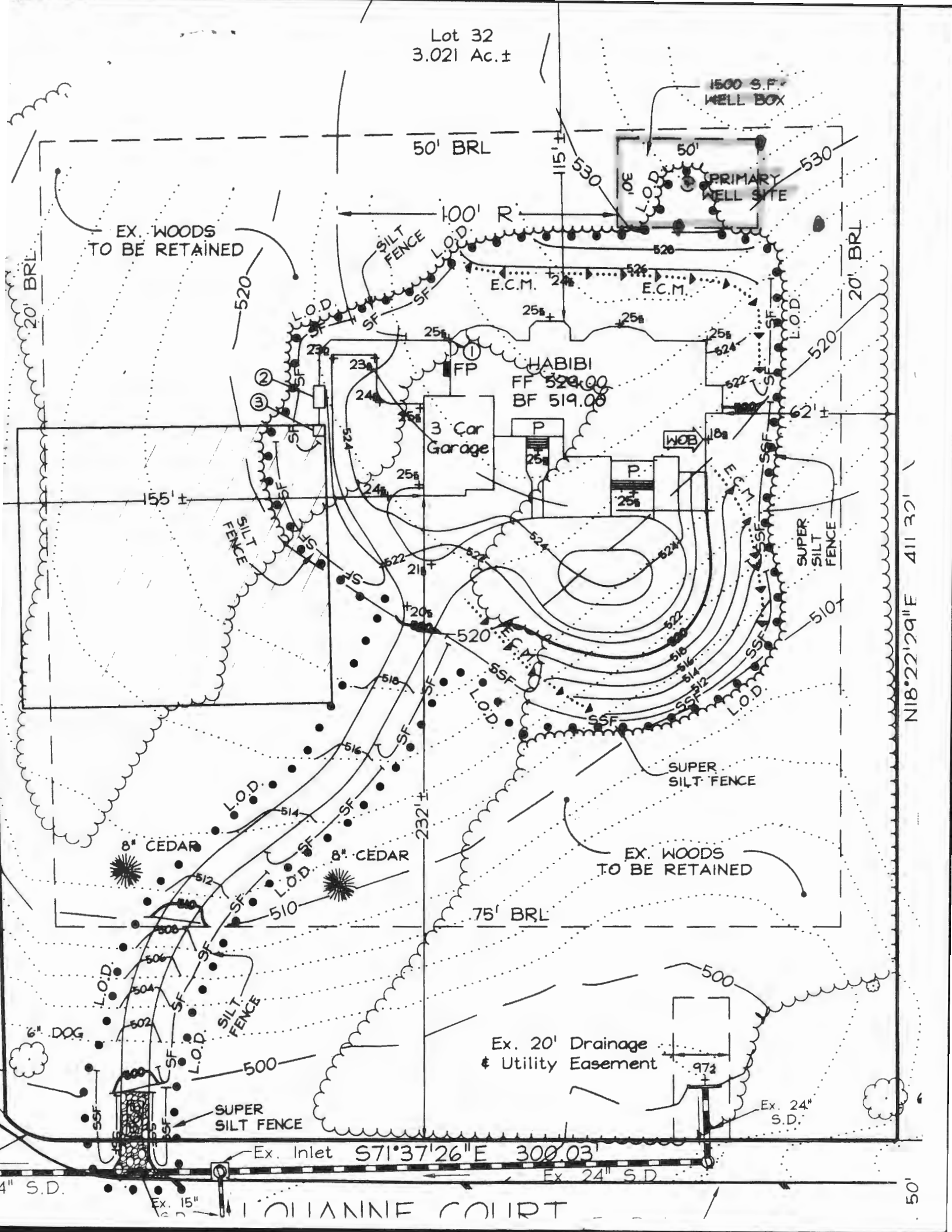
Ex. Inlet S71°37'26"E 300.03'

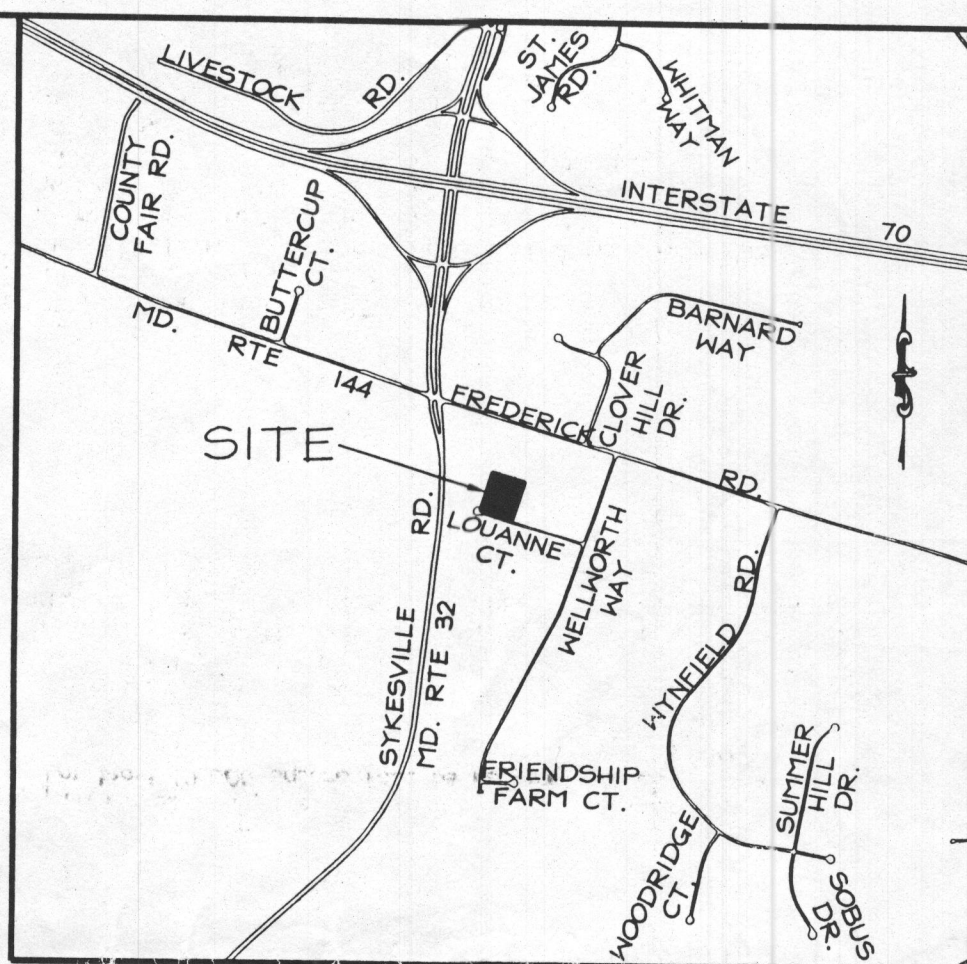
Ex. 24" S.D.

4" S.D.

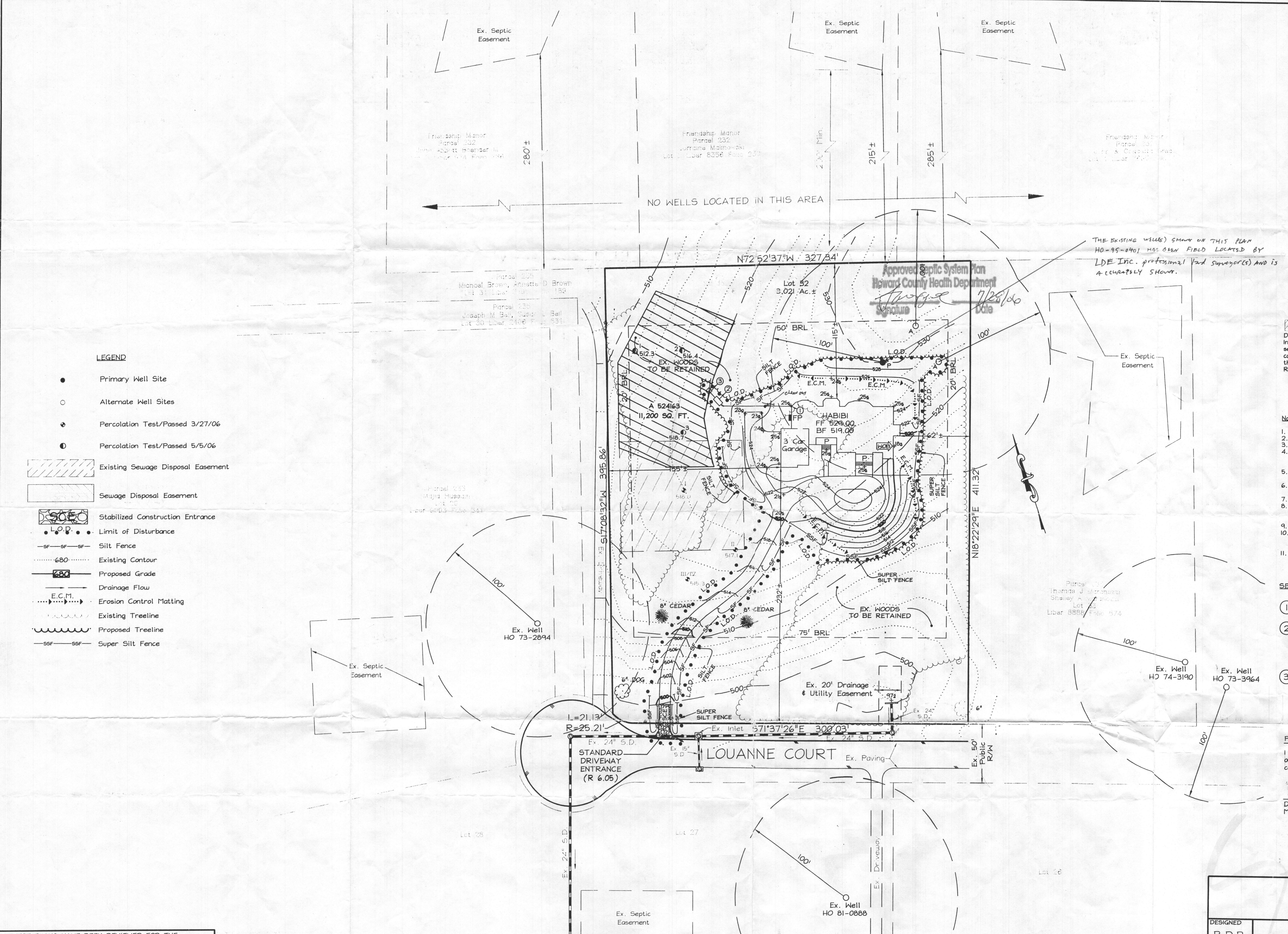
LOUISE COURT

50'





VICINITY MAP
1" = 2000'



THE EXISTING WELLS SHOWN ON THIS PLAN HO-95-0401 HAS BEEN FIELD LOCATED BY LDE INC. PROFESSIONAL VAD SURVEYORS AND IS ACCURATELY SHOWN.

This area designates a private sewage easement of at least 10,000 square feet as required by the Maryland Department of the Environment for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public system. The County Health Officer shall have the authority to grant adjustments to the private sewage easement. Recordation of a modified sewage easement shall not be necessary.

- Notes:
- Existing Zoning: RR
 - Plat Reference: Plat #3887
 - Total Lot Area: 3.021 Ac. ±
 - The lot shown herein complies with the minimum lot area and the ownership width as required by the Maryland State Department of the Environment, dated 2/06.
 - The Topography shown herein is field run by LDE Inc. dated 2/06.
 - The existing wells have been shown within 200 feet of the lot which may effect this proposal.
 - Limit of Disturbance: 40,000 Sq. Ft. +/-
 - The proposed driveway for this lot shall be a minimum of 10 feet covering 6 inch crusher run with 2 1/2 inch macadam surface.
 - See architectural plans for building dimensions.
 - Stormwater management for the subject lot has been addressed through the use of the environmentally sensitive development credit.
 - The well for Lot 32 shall be drilled prior to approval of the Building Permit.

- SEPTIC SYSTEM DESIGN DATE
- INVERT @ FOUNDATION WALL: 522.50
(PROVIDE INTERIOR PUMP PIT FOR BASEMENT SERVICE)
 - 1500 GALLON SEPTIC TANK (4 BEDROOMS)
PROVIDE MAN-HOLE TO FINISHED GRADE
A. EX. GROUND OVER TANK: 521.00
B. PROP. GRADE OVER TANK: 521.00
C. INVERT IN: 518.30
D. INVERT OUT: 518.00
 - DISTRIBUTION BOX (PROVIDE 3 OUTLETS MINIMUM)
A. EX. GROUND OVER BOX: 520.00
B. PROP. GRADE OVER BOX: 520.00
C. INVERT: 517.00

PERC CERTIFICATION
I certify that the locations shown on these plans are based on field locations done under my supervision and are correct to the best of my knowledge and belief.
D. Wayne Weller
D. Wayne Weller, Professional Land Surveyor
MD Reg. No. 10585
5/19/06

LEGEND

- Primary Well Site
- Alternate Well Sites
- Percolation Test/Passed 3/27/06
- Percolation Test/Passed 5/5/06
- Existing Sewage Disposal Easement
- Sewage Disposal Easement
- Stabilized Construction Entrance
- L.O.D.
- Limit of Disturbance
- Silt Fence
- Existing Contour
- Proposed Grade
- Drainage Flow
- E.C.M.
- Erosion Control Matting
- Existing Treeline
- Proposed Treeline
- Super Silt Fence

THESE PLANS HAVE BEEN REVIEWED FOR THE HOWARD SOIL CONSERVATION DISTRICT AND MEET THE TECHNICAL REQUIREMENTS.

NATURAL RESOURCE CONSERVATION SERVICE DATE

THIS DEVELOPMENT PLAN IS APPROVED FOR SOIL EROSION AND SEDIMENT CONTROL BY THE HOWARD SOIL CONSERVATION DISTRICT.

HOWARD SOIL CONSERVATION DISTRICT DATE

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE HOWARD COUNTY HEALTH DEPARTMENT.

Robert J. Weller
for HOWARD COUNTY HEALTH OFFICER
DATE 5/30/06

DEVELOPER'S CERTIFICATE

I/WE CERTIFY THAT ALL DEVELOPMENT AND CONSTRUCTION WILL BE DONE ACCORDING TO THESE PLANS OF DEVELOPMENT FOR SEDIMENT AND EROSION CONTROL, AND THAT ALL RESPONSIBLE PERSONNEL INVOLVED IN THE CONSTRUCTION PROJECT WILL HAVE A CERTIFICATE OF ATTENDANCE AT A DEPARTMENT OF ENVIRONMENT APPROVED TRAINING PROGRAM FOR THE CONTROL OF SEDIMENT AND EROSION BEFORE BEGINNING THE PROJECT. I ALSO AUTHORIZE PERIODIC ON-SITE INSPECTIONS BY THE HOWARD SOIL CONSERVATION DISTRICT.

SIGNATURE OF DEVELOPER DATE

ENGINEER'S CERTIFICATE

I CERTIFY THAT THESE PLANS FOR SEDIMENT AND EROSION CONTROL REPRESENT A PRACTICAL AND WORKABLE PLAN BASED ON MY PERSONAL KNOWLEDGE OF THE SITE CONDITIONS AND THAT IT WAS PREPARED IN ACCORDANCE WITH THE REQUIREMENTS OF THE HOWARD SOIL CONSERVATION DISTRICT.

SIGNATURE OF ENGINEER DATE

LDE Inc. Engineers, Surveyors, Planners 9250 Ramsey Road, Suite 106 Columbia, Maryland - 21045 (410)715-1070 - (301)596-3424 - FAX (410)715-9340		
DESIGNED B.D.B.	PERCOLATION CERTIFICATION PLAT	SCALE 1" = 40'
DRAWN J.D.R.	HABIBI PROPERTY FRIENDSHIP MANOR SECTION 2 LOT 32	DRAWING 1 of 1
CHECKED B.D.B.	Tax Map No. 15 - Grid No. 17 - P/O Parcel 235 5th Election District - Howard County, Maryland	JOB NO. 06-002.1
DATE 5/2006	OWNER: Sherry Mortazaez 12 Apple Tree Court Clarksville, MD 21228	BUILDER: Trevor Poquette 1300 St. Michaels Road P.O. Alry, MD 21771
		FILE NO. -

B 1 9827

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-0401

W524408 please type

fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Mortazoe Sherry

12 Apple Tree Ct

Clarksville Md 21228

B 3

LOCATION OF WELL

Howard

Habibi Property

West Friendship

West Friendship

MILES FROM TOWN (enter 0 if in town)

DRILLER INFORMATION

Joseph L Mayne MS D 024

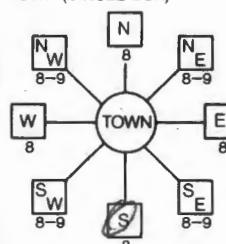
Joseph L. Mayne Well Drilling

5512 Ridge Rd Mt. Airy Md 21771

Joseph L Mayne 4-11-06

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Louanne Ct

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD ENTER FT OR MI

TAX MAP: 15 BLK: 17 PARCEL 235

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)

500

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

300

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
INDUSTRIAL, COMMERCIAL, DEWATERING
PUBLIC WATER SUPPLY WELL
TEST, OBSERVATION, MONITORING
GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD 13 A524163

COUNTY NAME COUNTY NO.

STATE SIGNATURE DATE ISSUED 6/12/06

CO SIGNATURE EXP. DATE 6/13/07

NORTH GRID 534 EAST GRID 813

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- BORED (or Auger) JETTED Jetted & DRIVEN
AIR-PerCussion ROTARY (Hydraulic Rotary)
REVerse-ROtary DRive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL
THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER HO-95-0401

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

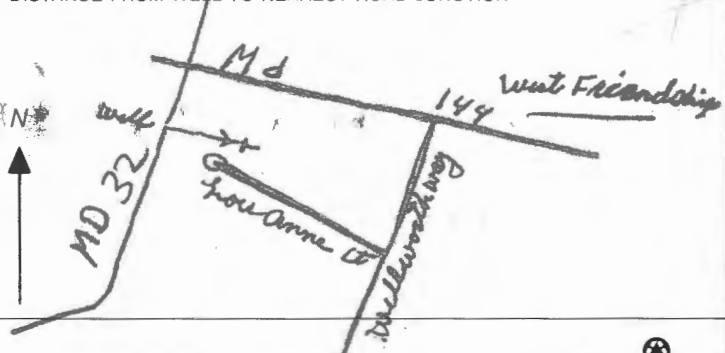
SOURCES OF DRILLING WATER

- well

WRITE THE BOX NUMBER FROM THE MAP HERE

813 536

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

C1 2985 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A 534 163

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE Received MM DD YY 8 13

DATE WELL COMPLETED MM DD YY 7 3 06 15 20

Depth of Well 22 340 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0401 28 29 30 31 32 33 34 35 36 37

OWNER Mortazolaee STREET OR RFD Roseanne Court SUBDIVISION Habibi Property SECTION 2 LOT 32

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Sand (0-44), Ceramite Rock (44-340).

GROUTING RECORD YES NO (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 13 NO. OF POUNDS 1222 GALLONS OF WATER 78 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 45 ft.

CASING RECORD (S) (T) (C) (O) (P) (L) (O) (T) MAIN CASING TYPE (S) Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 48

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) screen type or open hole (S) (T) insert appropriate code below

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 28.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. 1 M S D 24 DRILLERS SIGNATURE Joseph T. Mayne (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

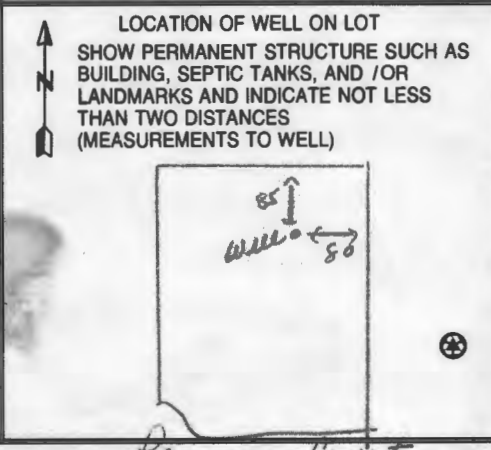
DEPTH (nearest ft.) 46 340 A C H S R E E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 6 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 56 ft. WHEN PUMPING 263 ft. TYPE OF PUMP USED (for test) (S) submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (YES or NO) (N) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) (+) above LAND SURFACE (-) below 2 (nearest foot)



**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: All Around Plumbing Telephone #: 301-829-6745
Address: 419 N. Market
Federick, md

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): James Madden License# _____

***A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.**

Name of Property Owner: Sherly Mortazolea Telephone #: _____
Subdivision: Blabbi property sec 2 Lot #: 32 Well Tag #: HO-95-0401 ✓
Site Address: Louanne court
West Friendship

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Campbell</u>	Two piece watertight cap: ✓
Model #: <u>56S15</u>	Model #: <u>PA300</u>	Screened, vented well cap: ✓
Pump Capacity <u>5</u> GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: ✓
Well Yield: <u>10</u> GPM	NSF approved: ✓	Conduit min 18" B.G.: ✓
Depth of well encountered at time of pump installation: <u>340</u> (feet)		Conduit secured to well cap: ✓
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque arrestors or <u>Cable guards</u> are required - Must circle one		
Safety rope, if used, attached to inside of well casing with eye bolt ✓		

Piping to house
Type: poly
PSI: 160 (160 psi min)

House Connection
PVC sleeved to undisturbed soil at wall penetration: ✓
Approximate length of sleeve (5 foot minimum): 6 ft

Depth of supply line: 42" (36" min) Sleeve caulked and sealed properly: ✓

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

[Signature] 4-3-07
Signature of company representative responsible for installation date

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: _____ Date Insp. Approved: (KW) 10/1/07
Inspection Data: Pitless adapter and water supply line at least 36" below grade ✓
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓
Safety rope installed inside of well casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓

Penny E. Borenstein, M.D., M.P.H., Health Officer

ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:


- The well site has been staked by LDE Inc on 4-10-06 and is ready for site inspection.
- _____ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

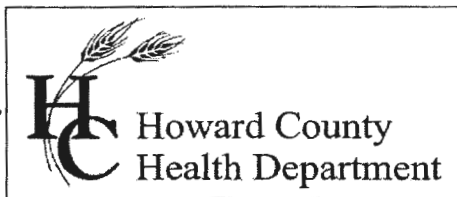
Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN
owner - Sherry Mortazavi

~~owner~~ builder - Trevor Poquette

C - 443-336-7690

Confirmed all 3 well locations
are staked see "Well Permit Exhibit"




Bureau of Environmental Health
7178 Columbia Gateway Drive Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.bchealth.org

Peter Beilenson, M.D., M.P.H., Health Officer

October 3, 2007

Hassan Habibi
10125 Old Frederick Road
Ellicott City, MD 21042

SENT VIA FACSIMILE 410-750-7288

RE: Friendship Manaoor, Lot 32
2599 Louanne Court
West Friendship, MD 21794
BP # B00158986
Well Permit # HO-95-0401

Dear Sir/Madam:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 10/01/2007. Final approval of the well line connection to the dwelling was approved on 10/01/2007.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

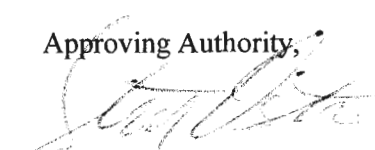
INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-95-0401. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 08/03/2007, 08/09/2007
Date of Well Completion: 07/03/2006

Approving Authority,


Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



Laboratories
Approved by National Testing Laboratories, Ltd.

7469 Whitepine Road
 Richmond, VA 23237
 Toll Free: 800.604.1995 Fax: 804.275.4907

Test Address:
 2599 Louanne Ct. West Friendship MD 21794

Client:
PINNACLE INSPECTION SERVICE
 6918 Berry Wood Ct
 Columbia, MD 21044

WaterSmart® Pro Analysis Report

Report Number: 07080900050A
Received Date / Time: 08/09/2007 03:38:45 PM
Reported Date / Time: 08/10/2007 04:40:46 PM
Collection Technician: Poquette
Tech. Certification #: 6185DP 0407 00 096

Shipping #:

Analysis By National Testing Laboratories, Ltd
MD Accreditation #: 205
NELAP Certified Through
Louisiana Accreditation #: LA070011

Julie Dickerson
 Julie Dickerson, QA/QC

Account Number: 107144
Fax Number: 410/489-0813

Laboratory Results

Parameter	Method Reporting Limit	Results	EPA Standard	Collected	Analyzed	Collection Location Narrative ID
DW - Coliform Bac	SM 9223-B	Absent ✓	Absent	08/08/2007 10:30:00 AM	08/10/2007 04:29:15 PM	BA TUB
DW - E. coli	SM 9223-B	Absent ✓	Absent	08/08/2007 10:30:00 AM	08/10/2007 04:29:15 PM	BA TUB
DW - pH(Field)		Not Provided †	6.5-8.5 †	Not Provided	Not Provided	BA TUB
DW - Chlorine(Field)		0.0 mg/L		08/08/2007 10:30:00 AM	08/08/2007 10:30:00 AM	BA TUB

FOR MARYLAND WATER TESTS ONLY: It is the policy of BTS Laboratories that all test results that fall beyond indicated acceptable parameters for Coliforms, Nitrates, and Lead are to be reported to the State of Maryland Department of Health and Mental Hygiene by the recipient of the test results.

†Secondary standards - Non-enforceable federal guidelines, however, states may choose to adopt them as enforceable standards. Please check with your local regulatory agency.

For additional information, you may contact the EPA's "Safe Drinking Water Hotline" toll free at 1-800-426-4791.

*NFIAC does not offer certification for this parameter.

Analytical results and reports are generated by BTS Laboratories at the request of and for the exclusive use of the person or entity (client) named on this report. Results, reports or copies of same will not be released by BTS Laboratories to any third party without the prior express written consent from the client named in this report. This report applies only to those samples taken at the time, place and location referenced by the client. This report makes no express or implied warranty or guarantee as to the sampling methodology used by the individual performing the sampling. The client is solely responsible for the use and interpretation of these test results and BTS Laboratories makes no express or implied warranties as to such use or interpretation. BTS Laboratories is not able to make and does not make a determination as to the environmental soundness, safety or health of a property from only the samples sent to their laboratory for analysis. Unless otherwise specified by the client, BTS Laboratories reserves the right to dispose of all samples after the testing of such samples is sufficiently completed or after a five day period, whichever is greater.



Laboratories
A Member of National Testing Laboratories, Ltd.

7469 Whitepine Road
Richmond, VA 23237
Toll Free: 800.604.1995 Fax: 804.275.4907

Test Address:

2599 Loyanne Ct W Friendship MD

Client:

PINNACLE INSPECTION SERVICE
6918 Berry Wood Ct
Columbia, MD 21044

WaterSmart® Pro Analysis Report

Report Number: 07080300064A
Received Date / Time: 08/03/2007 02:01:57 PM
Reported Date / Time: 08/06/2007 06:06:57 PM
Collection Technician: Damon Poquette
Tech. Certification #: 6185dp-0407-00-096

Shipping #:

Analysis By National Testing Laboratories, Ltd
MD Accreditation #: 205
NELAP Certified Through
Louisiana Accreditation #: LA070011

Julie Dickerson, QA/QC

Account Number: 107144 Fax Number: 410/489-0813

Laboratory Results

Parameter	Method Reporting Limit	Results	EPA Standard	Collected	Analyzed	Collection Location Narrative ID
DW - Turbidity	SM 2130-B*	0.5 NTU ¹ ✓	5 NTU ¹	08/01/2007 11:15:00 AM	08/03/2007 05:11:03 PM	TUB
DW - Nitrate	EPA 353.2 1.000 mg/L	6.8 mg/L ✓	10 mg/L	08/01/2007 11:15:00 AM	08/03/2007 05:38:50 PM	TUB
DW - Nitrite	EPA 353.2 0.050 mg/L	Not Detectable	1 mg/L	08/01/2007 11:15:00 AM	08/03/2007 05:38:50 PM	TUB
DW - Nitrate/Nitrite	EPA 353.2 1.000 mg/L	6.8	10 mg/L	08/01/2007 11:15:00 AM	08/03/2007 05:38:50 PM	TUB
DW - pH(Field)		6.6 ¹	6.5-8.5 ¹	08/01/2007 11:15:00 AM	08/01/2007 11:15:00 AM	TUB
DW - Chlorine(Field)		0.0 mg/L		08/01/2007 11:15:00 AM	08/01/2007 11:15:00 AM	TUB
DW - Sand	Visual*	0 Grains ✓		08/01/2007 11:15:00 AM	08/03/2007 05:25:34 PM	TUB

FOR MARYLAND WATER TESTS ONLY It is the policy of BTS Laboratories that all test results that fall beyond indicated acceptable parameters for Coliforms, Nitrates, and Lead are to be reported to the State of Maryland Department of Health and Mental Hygiene by the recipient of the test results.

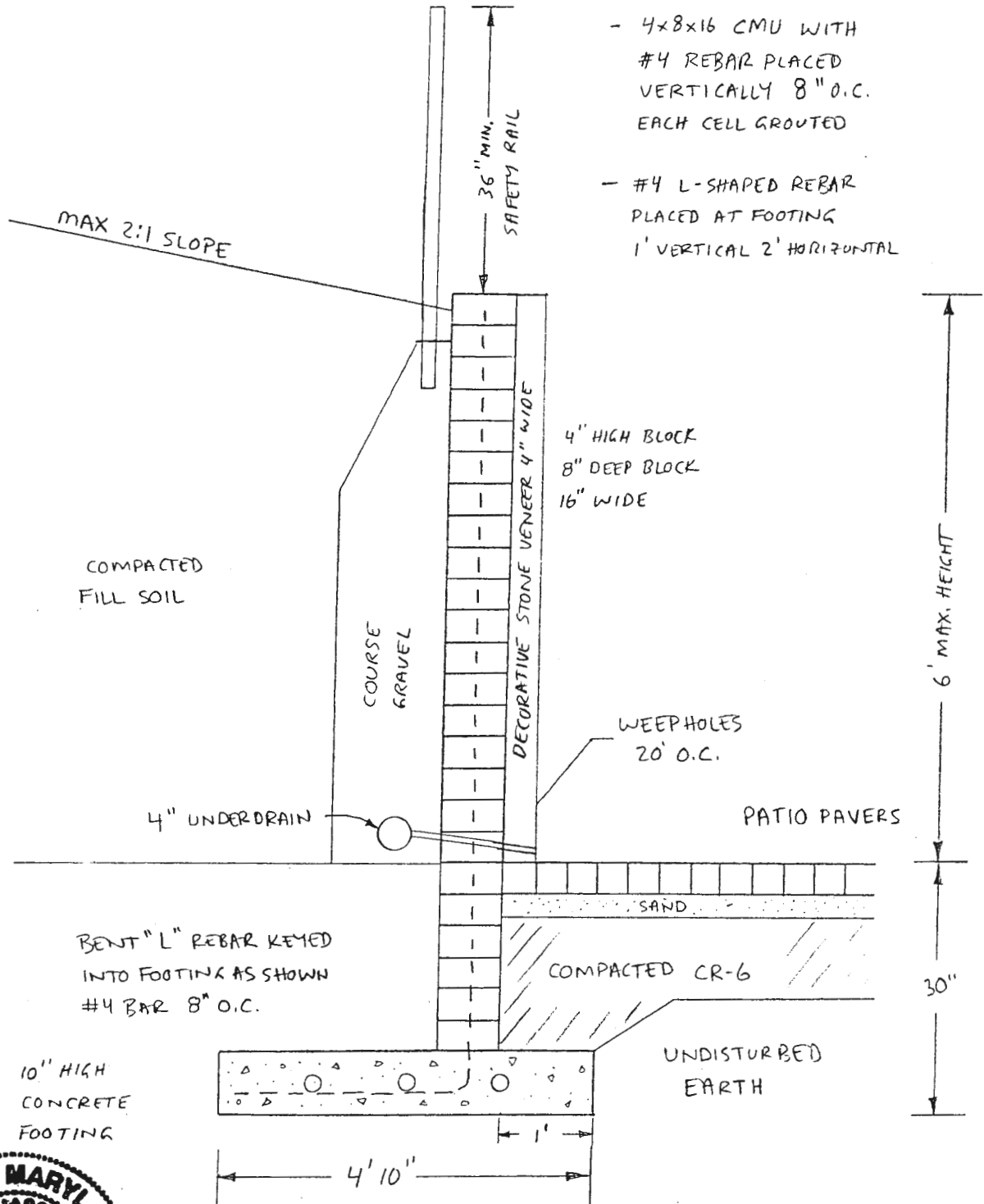
¹Secondary standards - Non-enforceable federal guidelines, however, states may choose to adopt them as enforceable standards. Please check with your local regulatory agency.

For additional information, you may contact the EPA's "Safe Drinking Water Hotline" toll free at 1-800-426-4791

*NELAP does not offer certification for this parameter.

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TYPICAL WALL SECTION



- 4x8x16 CMU WITH #4 REBAR PLACED VERTICALLY 8" O.C. EACH CELL GROUTED
- #4 L-SHAPED REBAR PLACED AT FOOTING 1" VERTICAL 2" HORIZONTAL

COMPACTED FILL SOIL

MAX 2:1 SLOPE

36" MIN. SAFETY RAIL

4" HIGH BLOCK
8" DEEP BLOCK
16" WIDE

COURSE GRAVEL

DECORATIVE STONE VENEER 4" WIDE

WEEPHOLES 20' O.C.

4" UNDERDRAIN

PATIO PAVERS

BENT "L" REBAR KEYED INTO FOOTING AS SHOWN #4 BAR 8" O.C.

SAND

COMPACTED CR-6

UNDISTURBED EARTH

10" HIGH CONCRETE FOOTING

4' 10"

1"

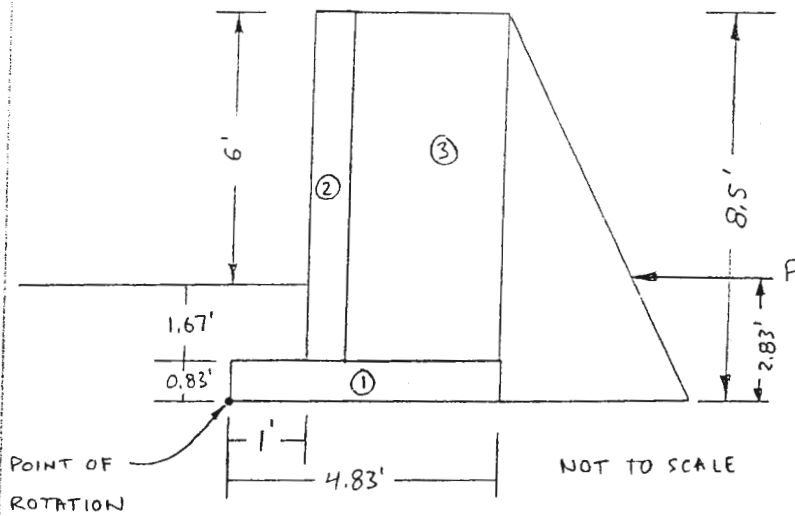
6' MAX. HEIGHT
30"

#4 REBAR LENGTHWISE 12" SPACING

NOT TO SCALE



Mark Jascewicz

WALL DESIGN CALCULATIONS

$$\gamma K_a = 35 \text{ PCF TYP. PRESSURE}$$

$$\gamma K_a H = 35 \text{ PCF} \times 8.5' \\ = 298 \text{ PSF}$$

$$P = 298 (1/2)(8.5) \\ = 1267 \text{ lbs}$$

$$\text{FRICTION } f = 0.45$$

$$\text{WEIGHT CONC.} = 145 \text{ PCF}$$

$$\text{WEIGHT SOIL} = 120 \text{ PCF}$$

$$\text{ELEMENT 1: } (0.83)(4.83) \times 145 \text{ PCF} = 581 \text{ lbs} \times \frac{\text{ARM}}{2.4} = 1395$$

$$\text{ELEMENT 2: } (7.67)(0.67) \times 145 \text{ PCF} = 745 \text{ lbs} \times 1.133 = 991$$

$$\text{ELEMENT 3: } (7.67)(3.16) \times 120 \text{ PCF} = 2908 \text{ lbs} \times 2.91 = 8462$$

$$\text{TOTAL WEIGHT} = 4234 \text{ lbs}$$

$$10,849 = \text{TOTAL MOMENT}$$

OVERTURNING:

$$FS = \frac{\text{RESISTING MOMENTS}}{\text{DRIVING MOMENTS}} = \frac{10,849}{1267 (2.83)} = 3.02 > 2.0 \text{ OK}$$

SLIDING:

$$FS = \frac{Nf}{P} / 1 = \frac{4234 \text{ lbs} (0.45)}{1267} / 1 = 1.50 \approx 1.50 \text{ (AASHTO) OK}$$

(ALSO HELD IN PLACE WITH BRICK PATIO PAVERS)

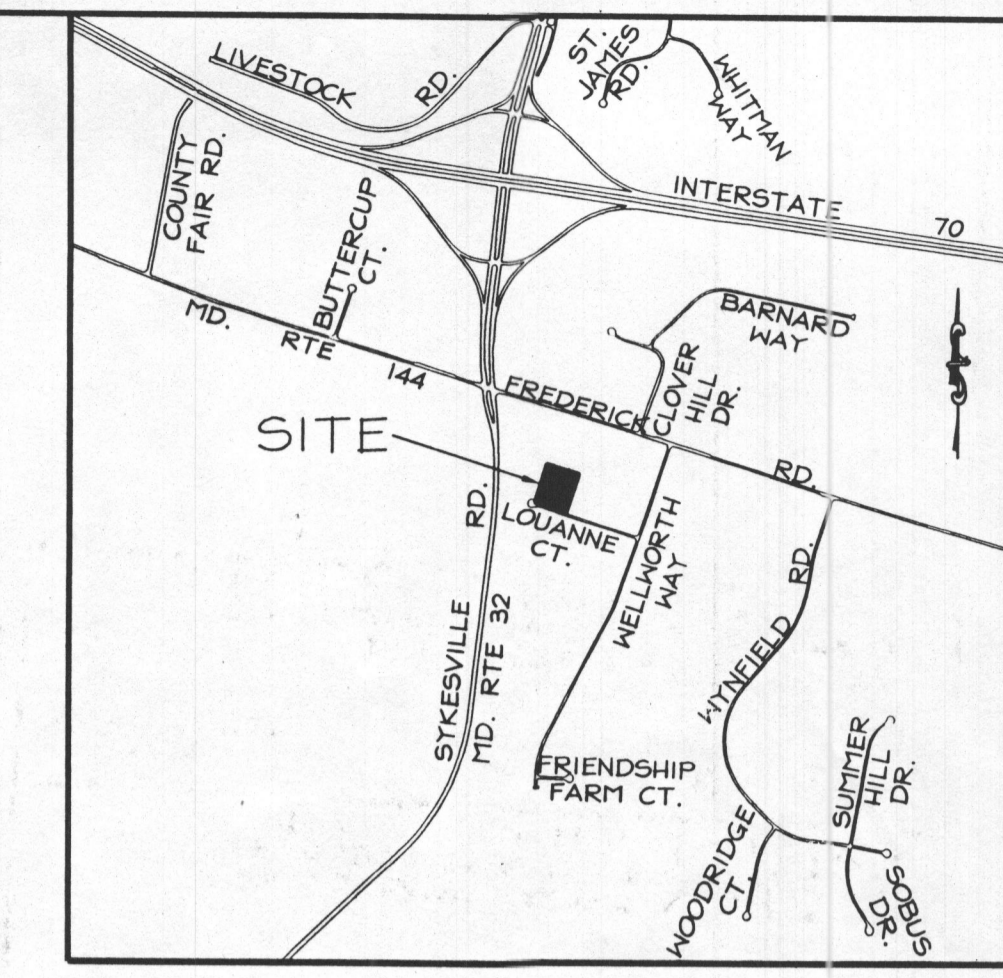
BEARING: TOTAL WEIGHT PER LINEAR FOOT = 4234 lbs

$$4234 / 4.83 = 877 \text{ lbs/SF} \ll \text{AVE. 3000 PSF SOIL CAPACITY}$$

$$\frac{3000}{877} = 3.4 > 3.0 \text{ OK}$$



Mark Jascewsky



VICINITY MAP
1" = 2000'

This area designates a private sewage easement of at least 10,000 square feet as required by the Maryland Department of the Environment for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public system. The County Health Officer shall have the authority to grant adjustments to the private sewage easement. Recordation of a modified sewage easement shall not be necessary.

- Notes:
- Existing Zoning: RR
 - Plot Reference: Plat #3887
 - Total Lot Area: 3.021 Ac. ±
 - The lot shown hereon complies with the minimum lot area and the ownership width as required by the Maryland State Department of the Environment.
 - The Topography shown hereon is field run by LDE Inc. dated 2/06.
 - The existing wells have been shown within 200 feet of the lot which may effect this proposal.
 - Limit of Disturbance: 40,000 Sq. Ft. +/-
 - The proposed driveway for this lot shall be a minimum of 10 feet wide, 6 inch crusher run with 2 1/2 inch macadam surface.
 - See architectural plans for building dimensions.
 - Stormwater management for the subject lot has been addressed through the use of the environmentally sensitive development credit.
 - The well for Lot 32 shall be drilled prior to approval of the Building Permit.

- SEPTIC SYSTEM DESIGN DATE
- INVERT @ FOUNDATION WALL: 522.50
(PROVIDE INTERIOR PUMP PIT FOR BASEMENT SERVICE)
 - 1500 GALLON SEPTIC TANK (4 BEDROOMS)
PROVIDE MANHOLE TO FINISHED GRADE
A. EX. GROUND OVER TANK: 521.00
B. PROP. GRADE OVER TANK: 521.00
C. INVERT IN: 518.30
D. INVERT OUT: 518.00
 - DISTRIBUTION BOX (PROVIDE 3 OUTLETS MINIMUM)
A. EX. GROUND OVER BOX: 520.00
B. PROP. GRADE OVER BOX: 520.00
C. INVERT: 517.00

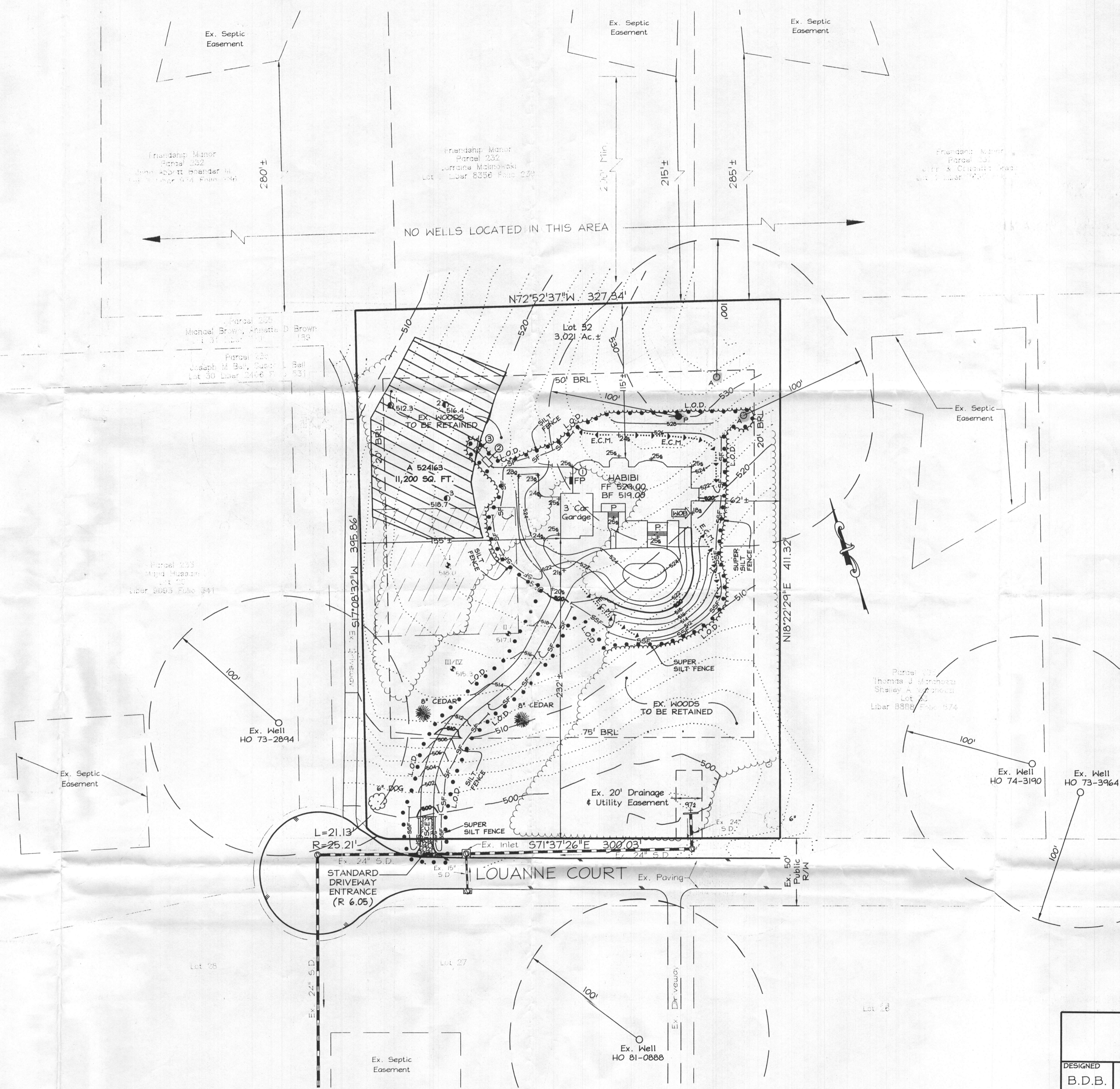
PERC CERTIFICATION

I certify that the locations shown hereon are based on field locations done under my supervision and are correct to the best of my knowledge and belief.

D. Wayne Wellier
D. Wayne Wellier, Professional Engineer
MD Reg. No. 10585

5/19/06 Date

- LEGEND
- Primary Well Site
 - Alternate Well Sites
 - Percolation Test/Passed 3/27/06
 - Percolation Test/Passed 5/5/06
 - Existing Sewage Disposal Easement
 - Sewage Disposal Easement
 - Stabilized Construction Entrance
 - Limit of Disturbance
 - Silt Fence
 - Existing Contour
 - Proposed Grade
 - Drainage Flow
 - Erosion Control Matting
 - Existing Treeline
 - Proposed Treeline
 - Super Silt Fence



THESE PLANS HAVE BEEN REVIEWED FOR THE HOWARD SOIL CONSERVATION DISTRICT AND MEET THE TECHNICAL REQUIREMENTS.

NATURAL RESOURCE CONSERVATION DATE

THIS DEVELOPMENT PLAN IS APPROVED FOR SOIL EROSION AND SEDIMENT CONTROL BY THE HOWARD SOIL CONSERVATION DISTRICT.

HOWARD SOIL CONSERVATION DISTRICT DATE

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE HOWARD COUNTY HEALTH DEPARTMENT.

Robert J. Walden
FOR HOWARD COUNTY HEALTH OFFICER

5/30/06 DATE

DEVELOPER'S CERTIFICATE

I/WE CERTIFY THAT ALL DEVELOPMENT AND CONSTRUCTION WILL BE DONE ACCORDING TO THESE PLANS OF DEVELOPMENT FOR SEDIMENT AND EROSION CONTROL, AND THAT ALL RESPONSIBLE PERSONNEL INVOLVED IN THE CONSTRUCTION PROJECT WILL HAVE A CERTIFICATE OF ATTENDANCE AT A DEPARTMENT OF ENVIRONMENT APPROVED TRAINING PROGRAM FOR THE CONTROL OF SEDIMENT AND EROSION BEFORE BEGINNING THE PROJECT. I ALSO AUTHORIZE PERIODIC ON-SITE INSPECTIONS BY THE HOWARD SOIL CONSERVATION DISTRICT.

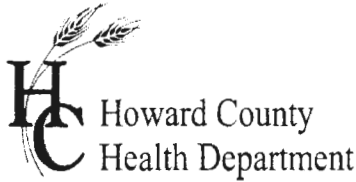
SIGNATURE OF DEVELOPER DATE

ENGINEER'S CERTIFICATE

I CERTIFY THAT THESE PLANS FOR SEDIMENT AND EROSION CONTROL REPRESENT A PRACTICAL AND WORKABLE PLAN BASED ON MY PERSONAL KNOWLEDGE OF THE SITE CONDITIONS AND THAT IT WAS PREPARED IN ACCORDANCE WITH THE REQUIREMENTS OF THE HOWARD SOIL CONSERVATION DISTRICT.

SIGNATURE OF ENGINEER DATE

LDE Inc. Engineers, Surveyors, Planners 9250 Ramsey Road, Suite 106 Columbia, Maryland - 21045 (410)715-1070 - (301)596-3424 - FAX (410)715-9540		
DESIGNED B.D.B.	PERCOLATION CERTIFICATION PLAT WELL PERMIT EXHIBIT HABIBI PROPERTY FRIENDSHIP MANOR SECTION 2 LOT 32	SCALE 1" = 40'
DRAWN J.D.R.		DRAWING 1 of 1
CHECKED B.D.B.		JOB NO. 06-002.1
DATE 5/2006		FILE NO. -
OWNER: Sherry Horvath 12 Apple Tree Court Clarksville, MD 21228		BUILDER: Trevor Pagette 1300 St. Michaels Road Pt. Airy, MD. 21771



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ A/P _____

AGENCY REVIEW: _____ DATE _____

DO NOT WRITE ABOVE THIS LINE

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S) TO:

CHECK AS NEEDED:

- CONSTRUCT NEW SEPTIC SYSTEM(S)
- REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM
- REPLACE AN EXISTING SEPTIC SYSTEM

CHECK AS NEEDED:

- NEW STRUCTURE(S)
- ADDITION TO AN EXISTING STRUCTURE
- REPLACE AN EXISTING STRUCTURE

CHECK ONE:

- CREATE NEW LOT(S)
- BUILD ON AN EXISTING LOT IN A SUBDIVISION
- BUILD ON AN EXISTING PARCEL OF RECORD

IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?

- YES
- NO

THE TYPE OF STRUCTURE IS:

- RESIDENTIAL WITH _____ PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE (NOTE **UNKNOWN** IF APPROPRIATE)
- COMMERCIAL (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/ CUSTOMERS ON ACCOMPANYING PLAN)
- INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/USERS ON ACCOMPANYING PLAN)

PROPERTY OWNER(S) _____

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS _____
STREET CITY/TOWN STATE ZIP

APPLICANT _____

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS _____
STREET CITY/TOWN STATE ZIP

APPLICANT'S ROLE: DEVELOPER BUILDER BUYER RELATIVE/FRIEND REALTOR CONSULTANT

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME _____ LOT NO. _____

PROPERTY ADDRESS _____
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) _____ GRID _____ PARCEL(S) _____ PROPOSED LOT SIZE _____

AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN.

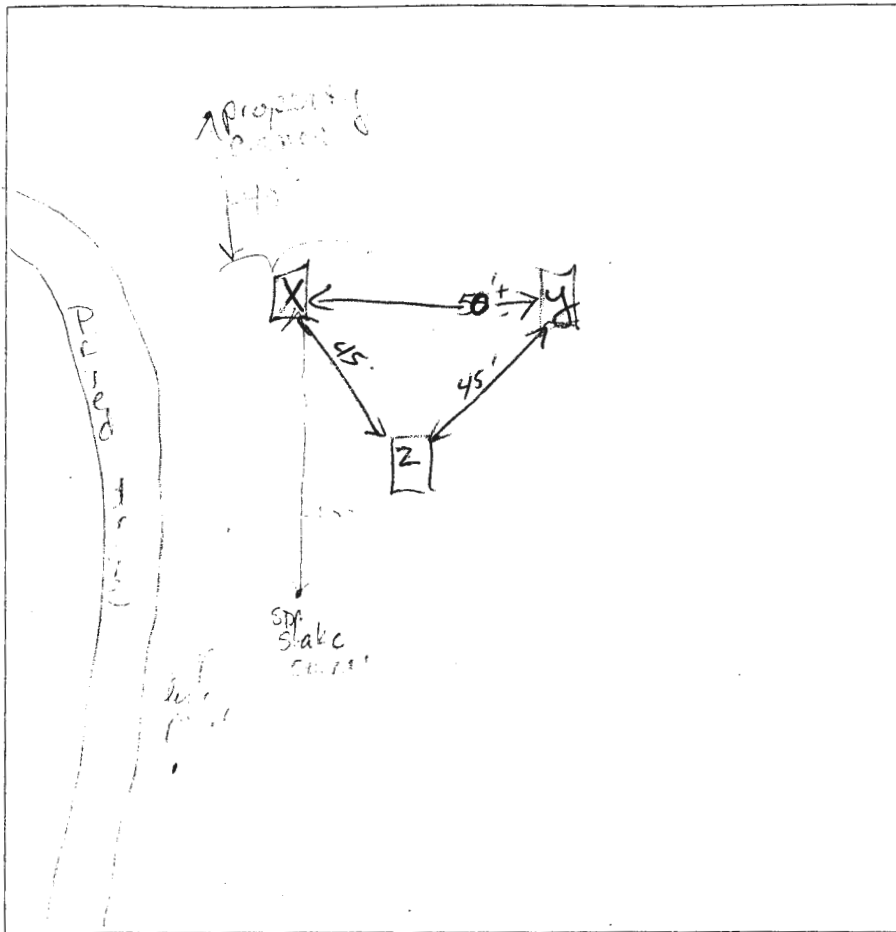
TEST RESULTS WILL BE MAILED TO APPLICANT. _____
SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
7178 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-2640 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

(X)
 org brn
 huy L (Nwall)
 18"
 org brn
 compact
 SLearn &
 silty pebbles
 3'
 brn
 SL
 2pl
 Chest & 10%
 Refusal 9'

(4)
 org brn
 Loam
 w/ 7% si
 Lg bk pebbles
 2'
 lt brn
 brn
 v.f SL
 Chest frag
 Nwall
 ~ 10-15%
 2pl
 Bottom 10 1/2'

(2)
 org brn
 huy L
 2 1/2'
 org brn
 Loam
 3'
 6'
 lt brn
 SL (frag) 2pl
 Bottom 11'



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
5-5-06	X	3 1/2'	7:15	7:16 ⁺	7:18	2+	P
	Y	3 1/2'	7:26	7:28	7:31	3+	P
	Z	3 1/2'	7:42	7:44	7:46 ⁺	2+	P

huy L - 1 (A horizon small) 18" - 24"

REMARKS homogeneous holes ± loam (B horizon) SL (C horizon)
 SANITARIAN Kacii BACKHOE _____ OTHERS _____
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH 3 INLET DEPTH 2 MAX. BOT DEPTH 4' EFFECTIVE SW 2



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ AP 524163

AGENCY REVIEW: _____ DATE 3/2/06

03-305821 DO NOT WRITE ABOVE THIS LINE

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S) TO:

- CHECK AS NEEDED:
- CONSTRUCT NEW SEPTIC SYSTEM(S)
 - REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM
 - REPLACE AN EXISTING SEPTIC SYSTEM

- CHECK AS NEEDED:
- NEW STRUCTURE(S)
 - ADDITION TO AN EXISTING STRUCTURE
 - REPLACE AN EXISTING STRUCTURE

- CHECK ONE:
- CREATE NEW LOT(S)
 - BUILD ON AN EXISTING LOT IN A SUBDIVISION
 - BUILD ON AN EXISTING PARCEL OF RECORD

- IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?
- YES
 - NO

THE TYPE OF STRUCTURE IS:

- RESIDENTIAL WITH 5 PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE (NOTE **UNKNOWN** IF APPROPRIATE)
- COMMERCIAL (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/ CUSTOMERS ON ACCOMPANYING PLAN)
- INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/USERS ON ACCOMPANYING PLAN)

PROPERTY OWNER(S) Sherry Mortazaei and Hassan Habibi

DAYTIME PHONE 410 375 8790 CELL SAME FAX _____

MAILING ADDRESS 10125 Old Fredrick, Ellicott City, MD 21042
STREET CITY/TOWN STATE ZIP

APPLICANT Trevor Poquette

DAYTIME PHONE 443 336 7690 CELL SAME FAX 410 489 0813

MAILING ADDRESS 1300 St. Michaels Rd, Mt. Airy, MD 21771
STREET CITY/TOWN STATE ZIP

APPLICANT'S ROLE: DEVELOPER **BUILDER** BUYER RELATIVE/FRIEND REALTOR CONSULTANT

PROPERTY LOCATION SUBDIVISION/PROPERTY NAME Friendship Manor LOT NO. 32

PROPERTY ADDRESS Lozanne court West Friendship MD
STREET TOWN/POST OFFICE

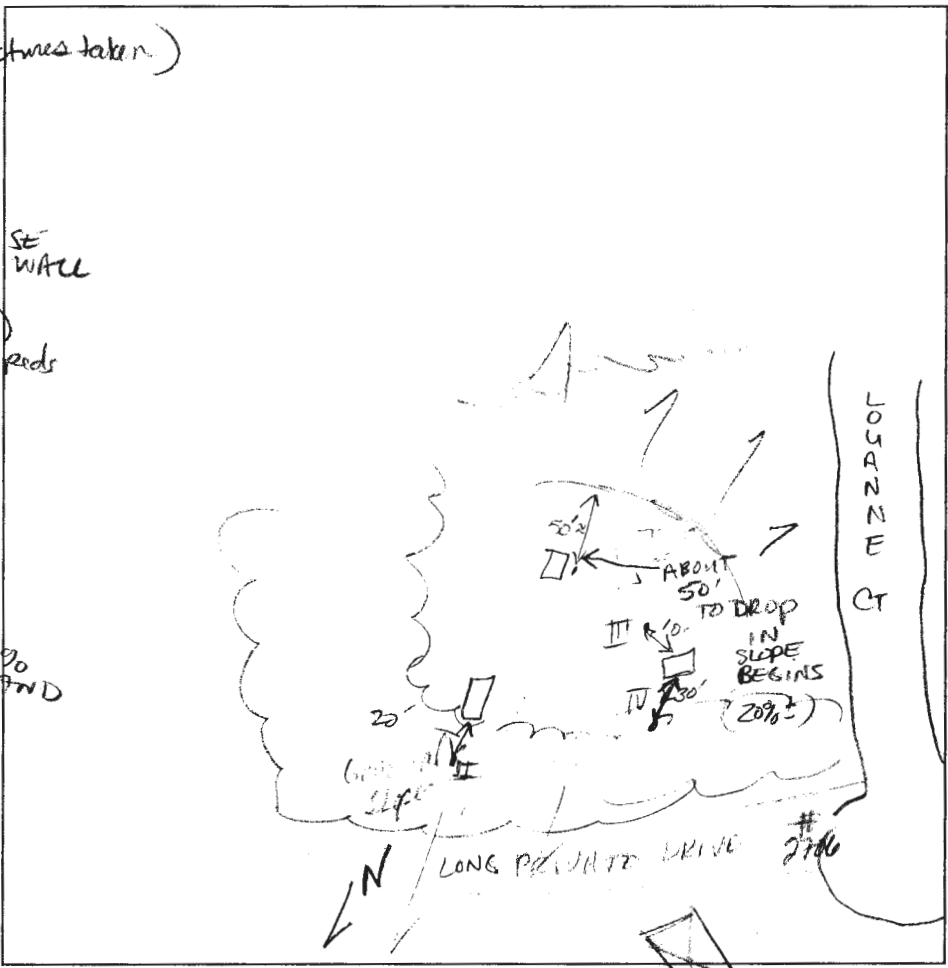
TAX MAP PAGE(S) 15 GRID 17 PARCEL(S) 235 PROPOSED LOT SIZE 3.02 Acre

AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN.

TEST RESULTS WILL BE MAILED TO APPLICANT. _____
SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
 3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648
 TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

APV
 I (2 pictures taken)
 Str red w/areas
 Str yellow
 #2 stone
 ~5% - 10% SE WALL
 5' to 6 1/2' hvy L (CLAY 1/2%) granular-crumbley rocks
 ↓
 3CL
 7' med gr, expained SAND
 Brn. 1 brn, rd brn
 mica 10-15%
 @ mica 1-2 20% & med gr SAND
 12' bottom



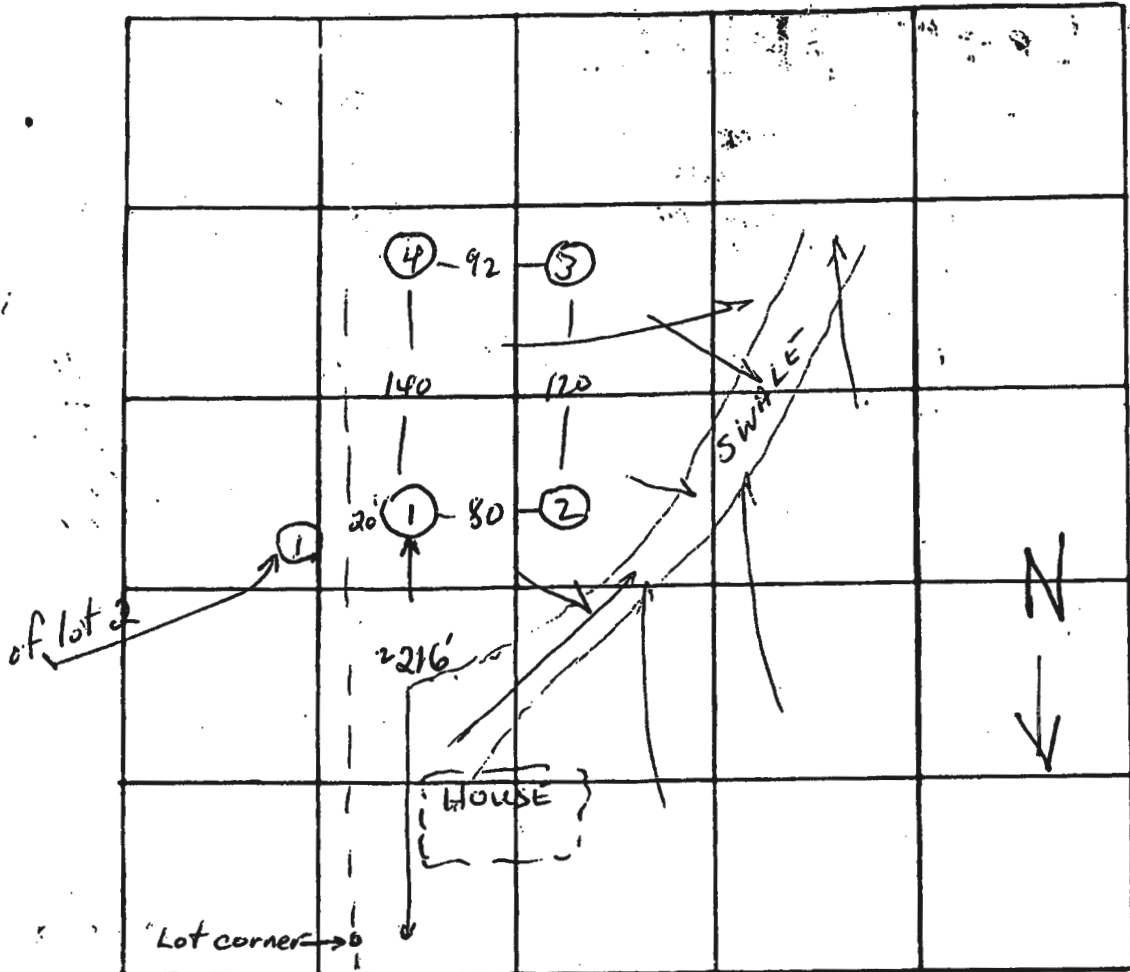
III/IV
 Str red
 CL/hvy CL
 6'
 Str y brn
 Ls mica 20%
 f med gr sand
 wk saprolite
 frag
 10-15%
 12' Bot brn

12' bottom
 4' wk org, org brn Loam

II (1 picture taken)
 4' wk rd brn
 wk y brn
 SL
 v f med gr
 slight ball
 wk. saprolite
 frags
 10-15%
 mica 20%
 Bot brn
 12'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
3-27-06	I	4' 5"	10:15	10:19	10:24	5	P
	II	TESTED BY MICA	7' 10:10	10:12	10:14	2	P
	III/IV	6' 5" TX 20% MICA	9:53	9:55	9:59	4	P
		10' W of III ~33' S of II					

REMARKS Holes dug per stake
 SANITARIAN Race BACKHOE _____ OTHERS _____
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____



12557
Fred. Rd
P 510224
B A ?

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE
E — FRED RD — W

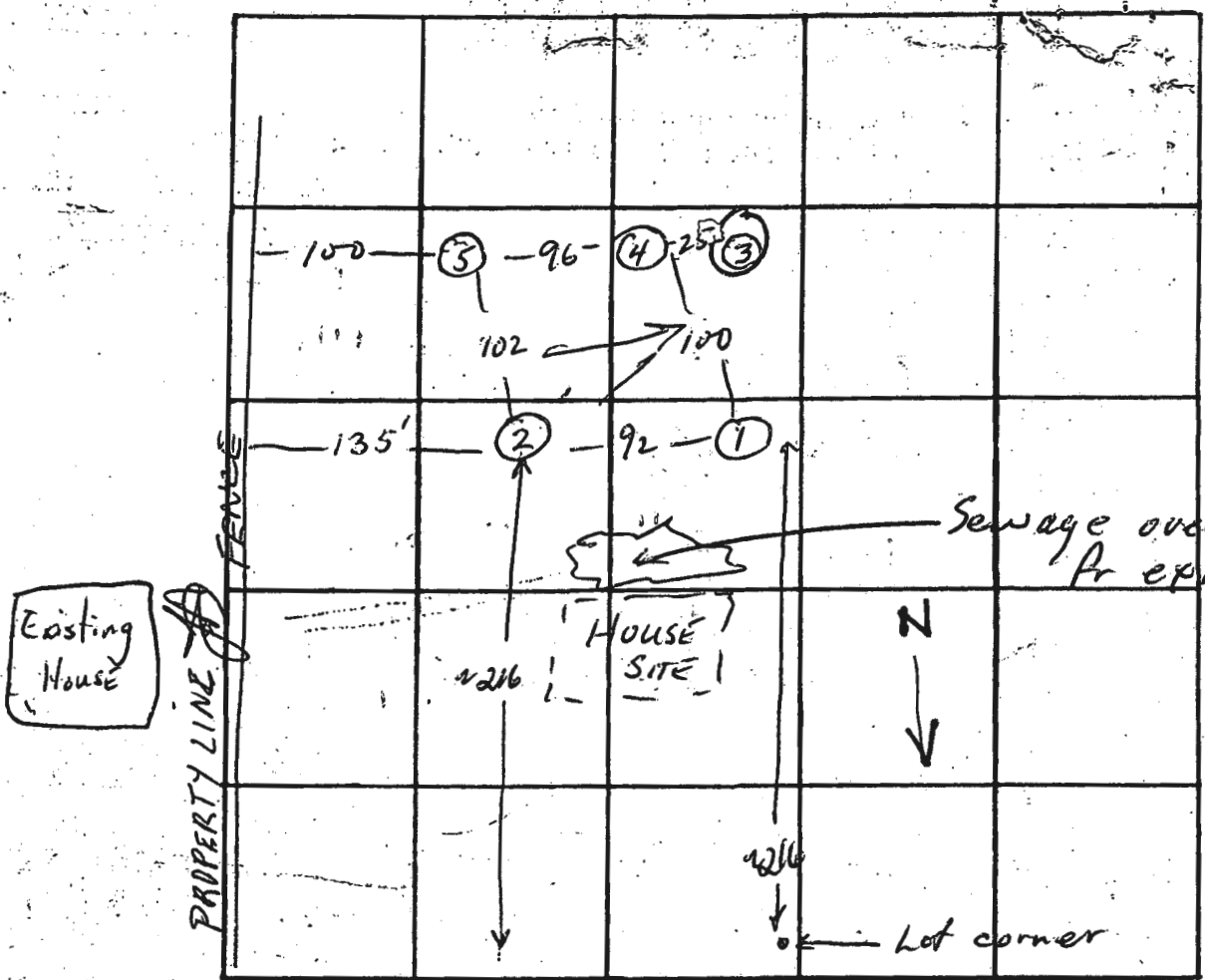
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME		
			START	STOP	START	STOP			
6/7/77	1	3	10:32	10:34	10:34	10:39	5	13	
	1-A	12 1/2	10:32	10:36	10:36	10:44	8		
	2	2 1/2	10:48	10:55	10:55	11:13	18		24
	2-A	12 3/4	10:48	10:52	10:52	11:00	8		
Lowest	3	2 1/2	11:04	11:05	11:05	11:07	2	13	
	3-A	13	11:04	11:07	11:07	11:08	11		
	4	12	Visual	EXCELLENT	SANDY	LOAM	9	6/52	

REMARKS System in 1 → 4
sewer from house will have to cross swale to get to perc area

TYPE OF SOIL Sandy loam

TESTED BY WWZ ALSO PRESENT: Schub Co

A. Z. 10/19/77
 12553
 Frederick Rd
 Lot 4
 Friendship Manor



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.
 FRED RD

16
 6/93
 33

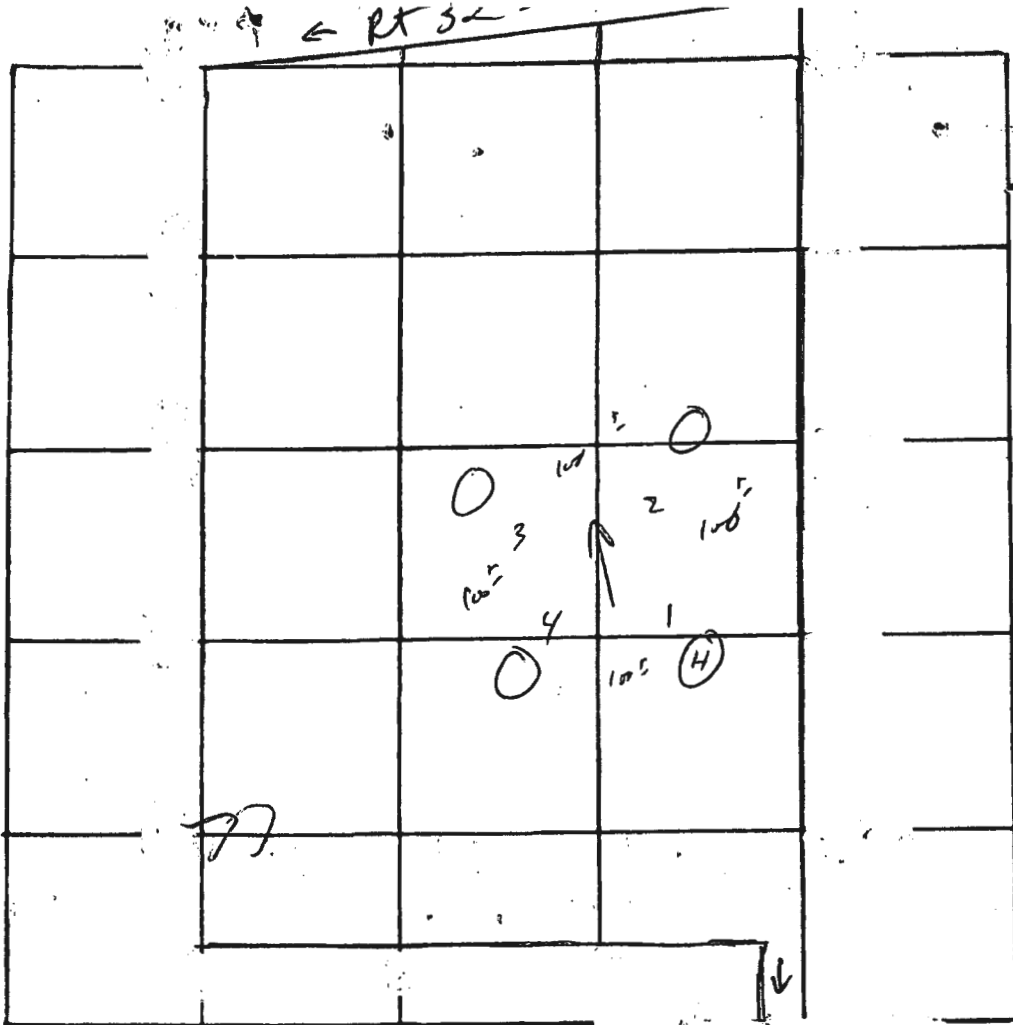
Existing House

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
6/7/77	1	3	9:48	9:52	9:52	9:58	6	
	1-A	12 1/2	9:48	9:53	9:53	10:20	27	
	2	3	9:51	9:53	9:53	9:56	3	
	2-A	12 3/4	9:51	10:08	10:08	10:38	30	
	(3)	3'	Slid sandstone type rock					
	4	2 1/2	10:16	10:26	10:26	10:41	15	
	4-A	12 1/2	10:16	10:23	10:23	10:35	12	
	5	12 1/2	VISUAL; EXCELLENT SANDY LOAM					

33
 Hard @ both
 33
 Hard @ both

27

REMARKS: Max depth of system is 10'
 System 35' to left of #2 (100' off fence line) → 5
 TYPE OF SOIL: Sandy loam
 TESTED BY: WWZ
 ALSO PRESENT: Schell Co.



A 26097
 Lot 29
 2623
 Louanne

INDICATE NORTH. - NAME ADJOINING ROAD

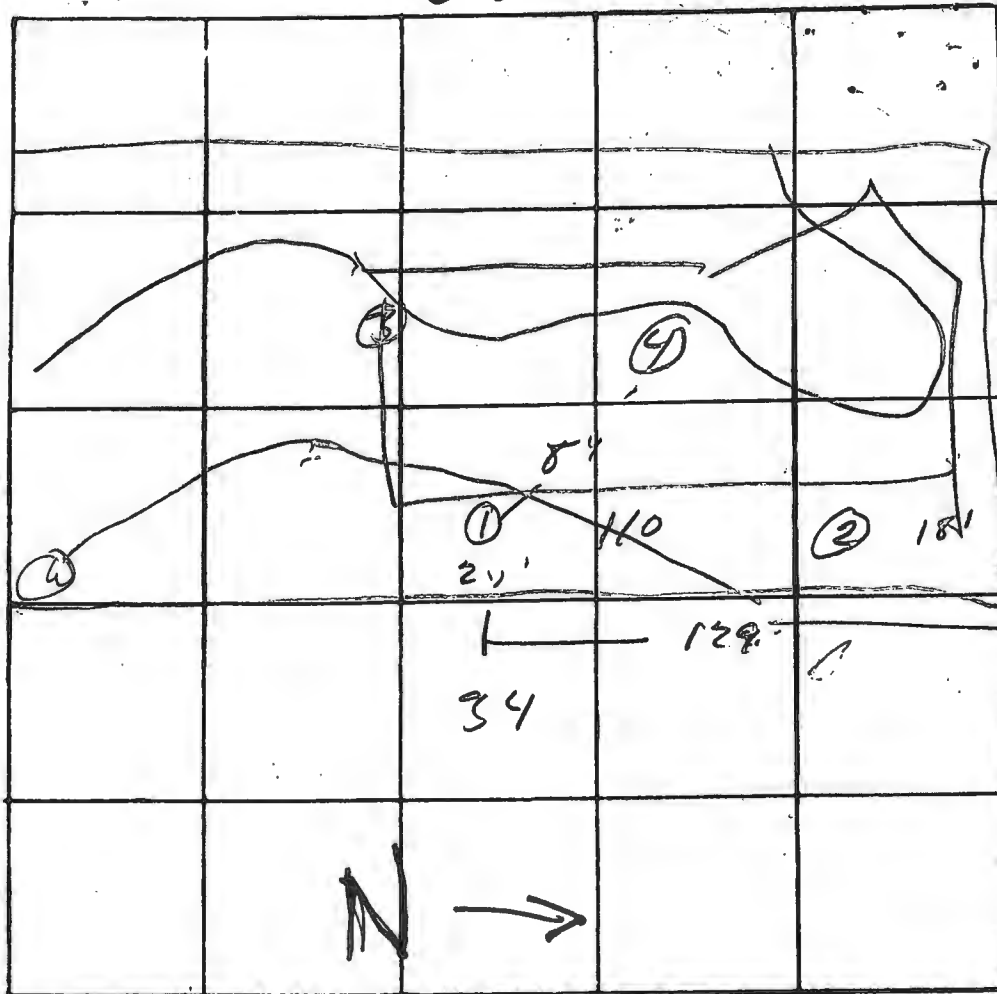
RW

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6 July 77	1	3	2 ²²	2 ²⁴	2 ²⁴	2 ³⁴	10
	1A	13	2 ²²	2 ²³	2 ²³	2 ³²	7
	2	3 ¹ / ₄	2 ²⁴	2 ²⁹	2 ²⁹	2 ⁴¹	12
	2A	13	2 ²⁴	2 ²⁷	2 ²⁷	2 ³³	6
	3	3	2 ²⁷	2 ³²	2 ³³	2 ⁴⁷	14
	3A	13	2 ²⁷	2 ³¹	2 ³¹	2 ³⁹	8
	4	12	vis				

REMARKS _____
 TYPE OF SOIL Sandy loam
 TESTED BY M ALSO PRESENT: Scheel

33

A27024



USI
area
outlined

2591

2591
Cousne
Lot 33

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/11/4	1s	5'	10 ³⁷	10 ³⁷	10 ³⁷	10 ³⁸	1
	a	13'	10 ³⁶	10 ⁴⁰	10 ⁴⁰	10 ⁵⁰	10
	4s	2'	10 ⁴⁵	10 ⁴⁹	10 ⁴⁹	10 ⁵⁰	1
	Q	13'	10 ⁴⁹	11 ⁴⁶	11 ⁴⁶	10 ⁴⁸	2
	3s	3'	11 ⁰⁰	11 ⁰¹	11 ⁰¹	11 ⁰²	
	Q	14'	11 ⁵²	11 ⁵³	11 ⁵³	11 ⁵⁹	6
	2 vis	24'	3-13'				

REMARKS Well site problems.
 TYPE OF SOIL silt loam
 TESTED BY ADON ALSO PRESENT: School.

A

A27012

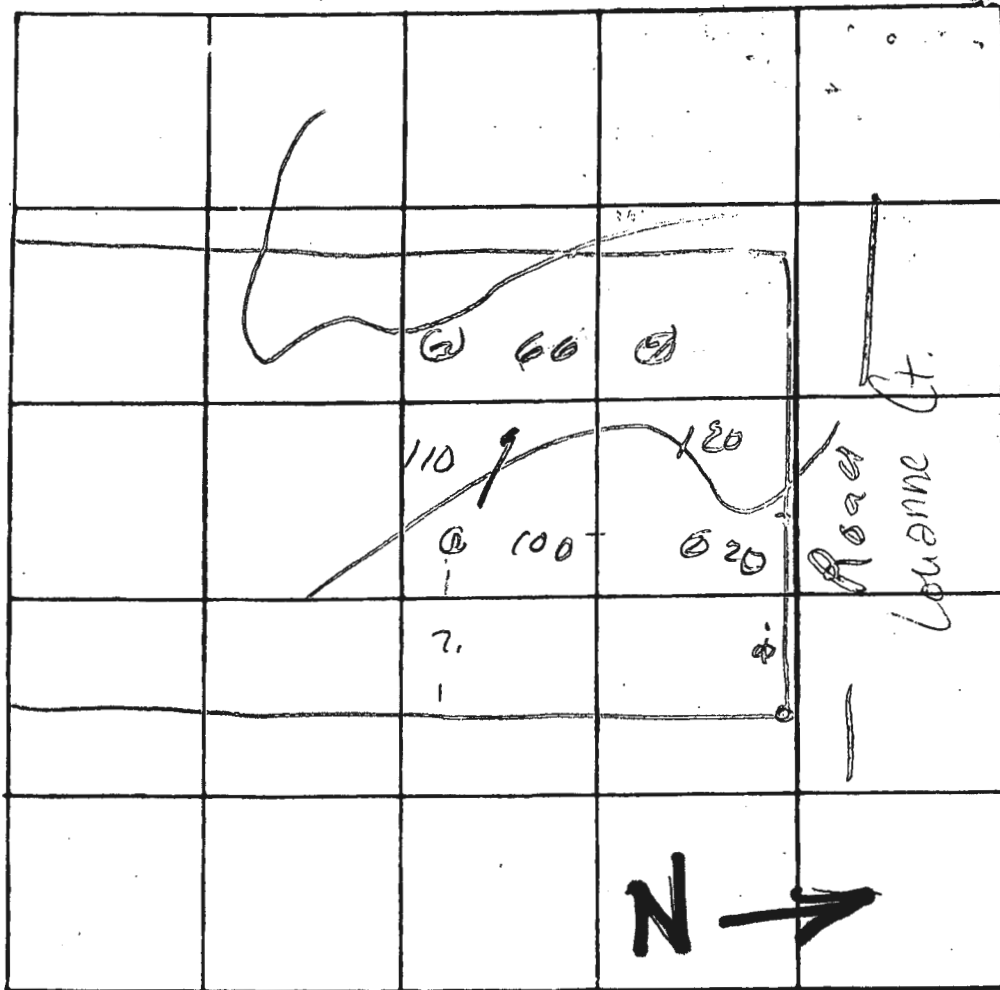
2582

~~5759~~

Louanne

Ct.

Lot 25



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/17	1s	3'	11:19	11:20	11:40	11:22	2
	q	13'	11:14	11:22	11:42	11:31	9
	2uis	4'-15'	silt / loam				
	3s	3'	11:31	11:31	11:31	11:32	1
	d	13'	11:34	11:39	11:39	11:45	4
	4s	3'	11:35			1:39	4
	d	19"	11:39	1:39	11:39	11:42	3

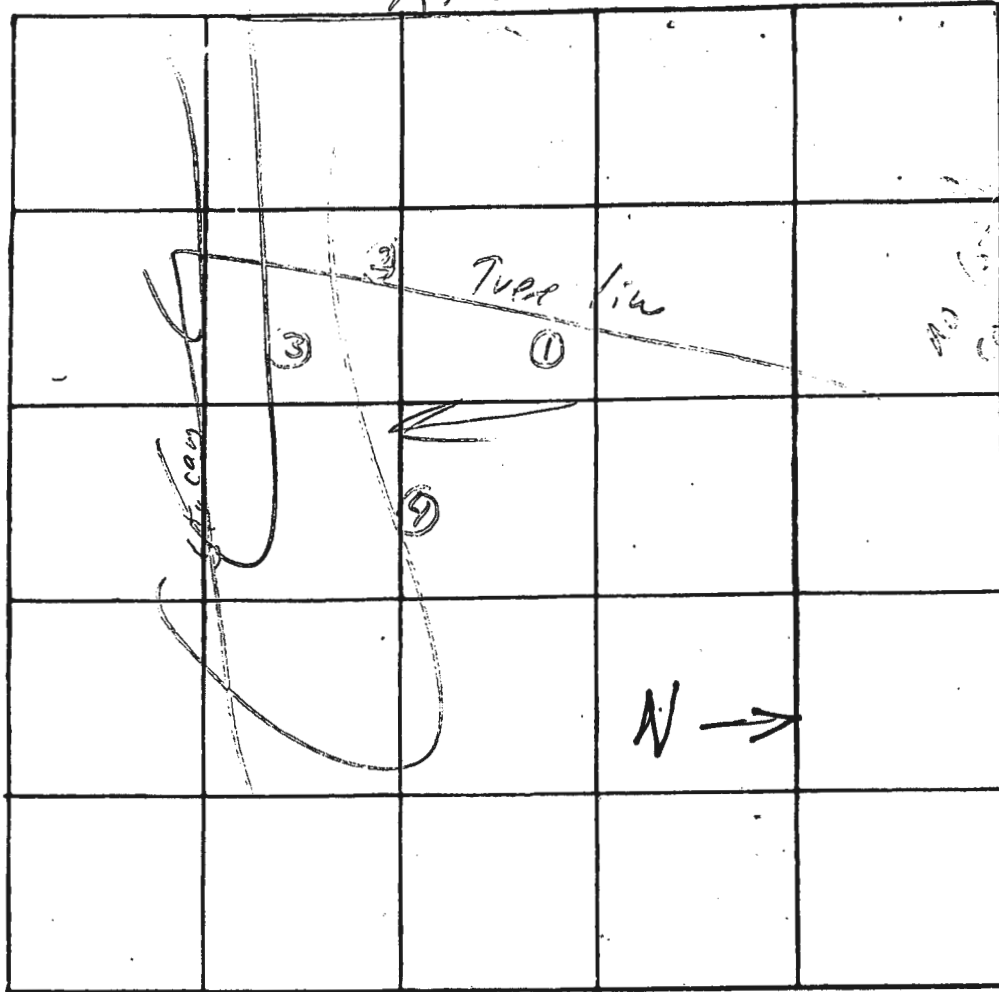
REMARKS Hole 3 - some sandstone OK.

TYPE OF SOIL _____

TESTED BY DJM ALSO PRESENT: School crew

Rt 32

A27023



2620
LOUAMNE
CT
lot 28

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/1/77	A 10	5'	2 55	3 00	3 00	3 04	2
	A 1	13'	2 50	3 00	3 00	3 03	3
	B 45	6	3 11			3 14	< 2
	9	13	3 11	3 13	3 13	3 18	5
	C 35	6	3 23	3 25	3 25	3 30	5
	6	12	3 18	3 20	3 20	3 23	3
	D 25	4'	3 30	3 30	3 30	3 35	< 1
	d	10'	3 35	3 36	3 36	3 39	1

REMARKS 2 - hand in bottom

TYPE OF SOIL _____

TESTED BY MAD ALSO PRESENT: _____

2/24/06

Mike,

I think I spoke to you
about this one. Trevor
came in looking for info on
this lot. No gene info in
file, had Gene research
adjacent lots, but no usable
info found. Property
owner came in today &
said the attached gene
sheet is what they got
when they bought this lot
at an auction 5-6 yrs ago.
Told them I would give
to DSC

Stut

APPLICATION

A _____

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P O BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT _____

DATE _____

KC

2/24/06

Please call. No to report

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

Price

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Ridgely Property LOT NO. 28 ⁵²

ROAD AND DESCRIPTION _____

SIZE OF LOT _____ TYPE BLDG. _____

NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT _____

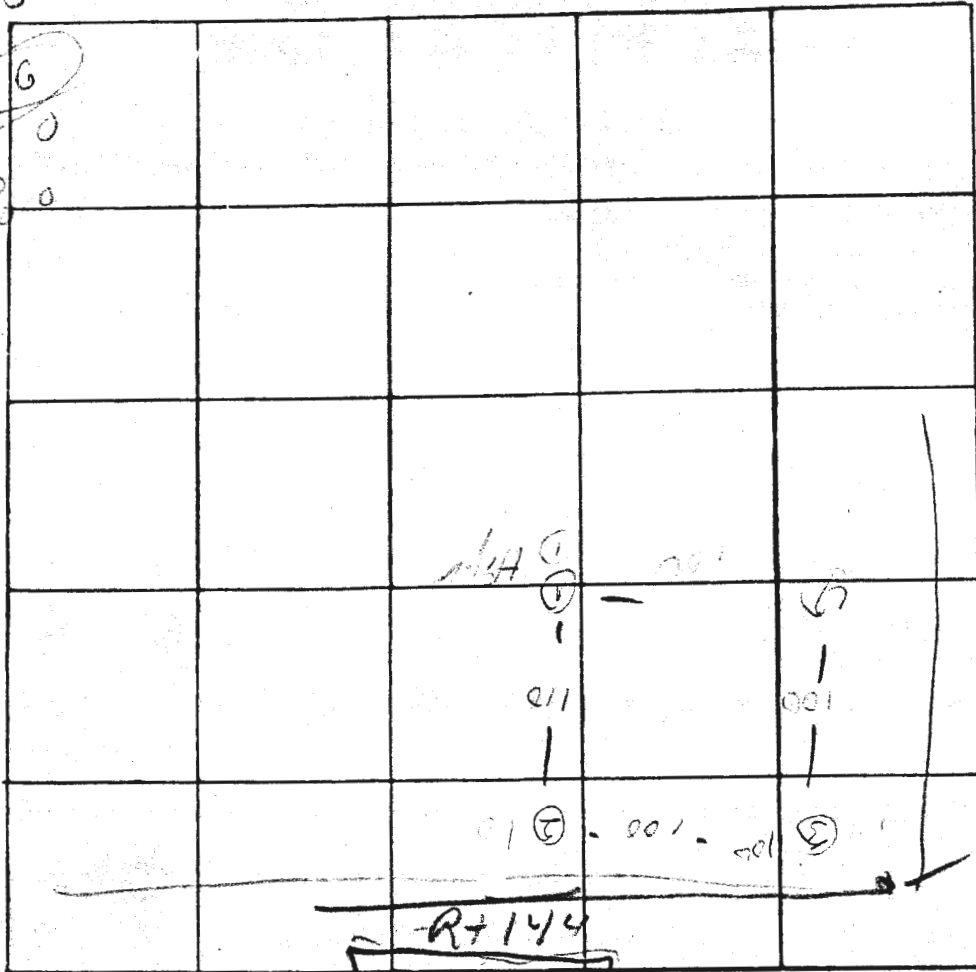
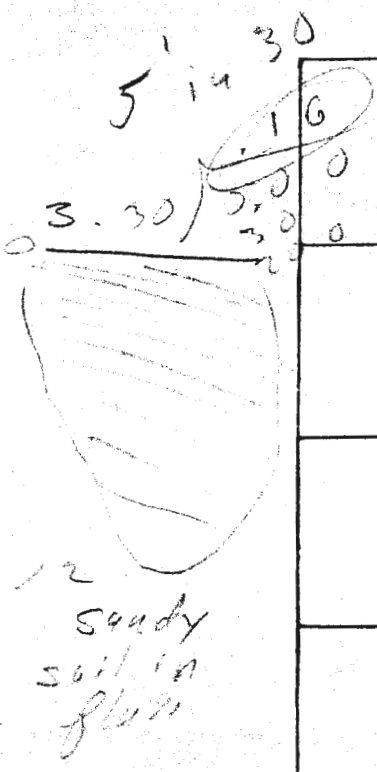
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS DATE 2/25/06

REASONS FOR REJECTION OR HOLDING Certify hole locations

THIS IS NOT A PERMIT



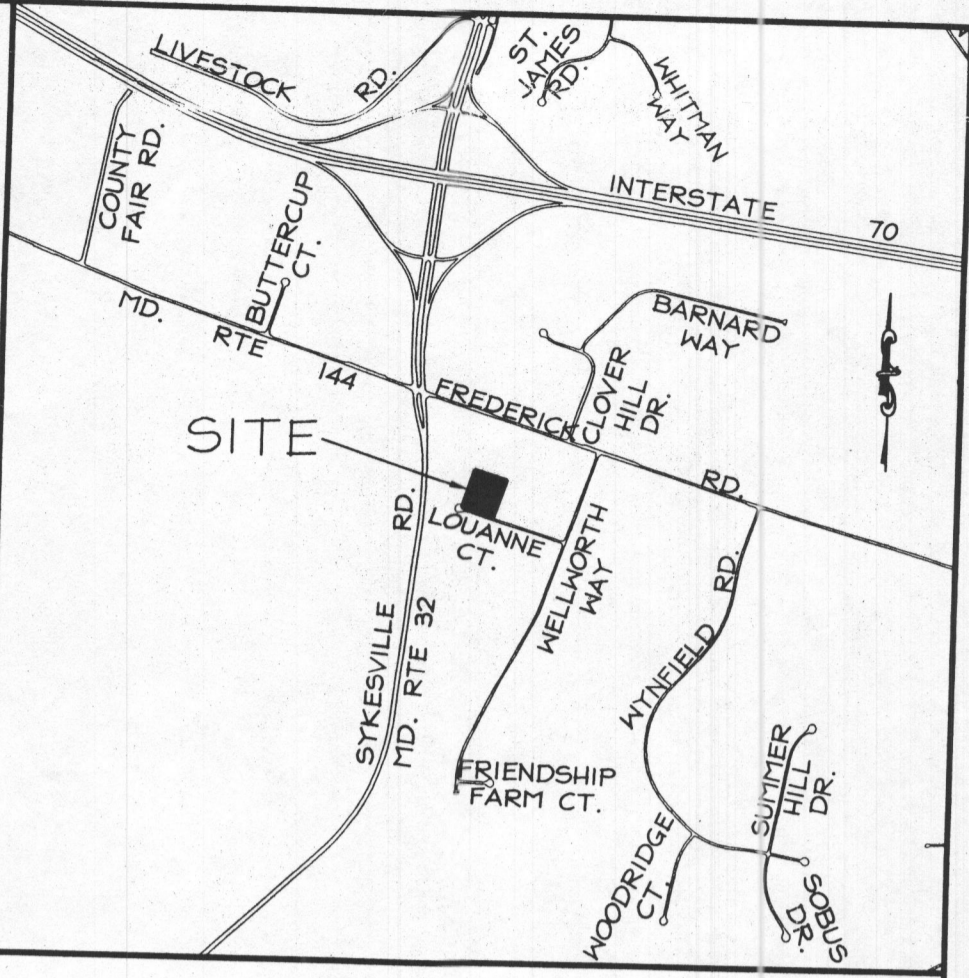
INDICATE NORTH - MAKE ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
7/24/44	13	3	12 ⁴⁶	12 ⁵¹	12 ⁵¹	10 ⁴	13	
	0	13'	12 ⁴⁶	12 ⁵¹	12 ⁵¹	12 ⁵⁶	5	
	3-	- see	soil profs conditions					
	1-	-	did not test etc					
	43	3	12 ⁵⁰	12 ⁵⁰	12 ⁵⁰	12 ⁵¹	1	
	d	13	12 ⁵⁰	12 ⁵¹	12 ⁵¹	12 ⁵⁵	4	
	<u>3</u>	12'	12 ⁵⁵	- 12 ⁵⁷	5 gal 90% oil			
	25	2	10 ²			10 ⁵	3	
	d	11	10 ²			10 ⁵	3	

REMARKS Grade? (OK on plat D/04 10/13/44)

TYPE OF SOIL _____

TESTED BY D/04 ALSO PRESENT: _____



VICINITY MAP
1" = 2000'

PROPOSED
TANK LOCATION
35' septic tank & easement
100' from well

LEGEND

- Primary Well Site
- Alternate Well Sites
- ◆ Percolation Test/Passed 3/27/06
- ⊙ Percolation Test/Passed 5/5/06
- ▨ Existing Sewage Disposal Easement
- ▩ Sewage Disposal Easement
- Ⓢ Stabilized Construction Entrance
- Limit of Disturbance
- SF-SF- Silt Fence
- 680--- Existing Contour
- 680- Proposed Grade
- Drainage Flow
- E.C.M. Erosion Control Matting
- ~ Existing Treeline
- ~ Proposed Treeline
- SF-SF- Super Silt Fence

This area designates a private sewage easement of at least 10,000 square feet as required by the Maryland Department of the Environment for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public system. The County Health Officer shall have the authority to grant adjustments to the private sewage easement. Recordation of a modified sewage easement shall not be necessary.

Notes:

1. Existing Zoning: RR
2. Plat Reference: Plat #3887
3. Total Lot Area: 3.021 Ac. ±
4. The lot shown hereon complies with the minimum lot area and the ownership width as required by the Maryland State Department of the Environment.
5. The Topography shown hereon is field run by LDE Inc. dated 2/06.
6. The existing wells have been shown within 200 feet of the lot which may effect this proposal.
7. Limit of Disturbance: 40,000 Sq. Ft. ±
8. The proposed driveway for this lot shall be a minimum of 10 feet wide, 6 inch crusher run with 2 1/2 inch minimum surface.
9. See architectural plans for building dimensions.
10. Stormwater management for the subject lot has been addressed through the use of the environmentally sensitive development credit.
11. The well for Lot 32 shall be drilled prior to approval of the Building Permit.

SEPTIC SYSTEM DESIGN DATE

- ① INVERT @ FOUNDATION WALL: 522.50 (PROVIDE INTERIOR PUMP PIT FOR BASEMENT SERVICE)
- ② 1500 GALLON SEPTIC TANK (4 BEDROOMS) PROVIDE MANHOLE TO FINISHED GRADE
A. EX. GROUND OVER TANK: 521.00
B. PROP. GRADE OVER TANK: 521.00
C. INVERT IN: 518.30
D. INVERT OUT: 518.00
- ③ DISTRIBUTION BOX (PROVIDE 3 OUTLETS MINIMUM)
A. EX. GROUND OVER BOX: 520.00
B. PROP. GRADE OVER BOX: 520.00
C. INVERT: 517.00

PERC CERTIFICATION

I certify that the locations shown hereon are based on field locations done under my supervision and are correct to the best of my knowledge and belief.

D. Wayne Weller, Professional Land Surveyor
MD Reg. No. 10585

Shahsan Habibi
2599 Louanne Court
West Friendship, MD 21794
(410) 375-8790

THESE PLANS HAVE BEEN REVIEWED FOR THE HOWARD SOIL CONSERVATION DISTRICT AND MEET THE TECHNICAL REQUIREMENTS.

NATURAL RESOURCE CONSERVATION SERVICE DATE

THIS DEVELOPMENT PLAN IS APPROVED FOR SOIL EROSION AND SEDIMENT CONTROL BY THE HOWARD SOIL CONSERVATION DISTRICT.

HOWARD SOIL CONSERVATION DISTRICT DATE

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE HOWARD COUNTY HEALTH DEPARTMENT.

HOWARD COUNTY HEALTH OFFICER DATE

DEVELOPER'S CERTIFICATE

I/WE CERTIFY THAT ALL DEVELOPMENT AND CONSTRUCTION WILL BE DONE ACCORDING TO THESE PLANS OF DEVELOPMENT FOR SEDIMENT AND EROSION CONTROL, AND THAT ALL RESPONSIBLE PERSONNEL INVOLVED IN THE CONSTRUCTION PROJECT WILL HAVE A CERTIFICATE OF ATTENDANCE AT A DEPARTMENT OF ENVIRONMENT APPROVED TRAINING PROGRAM FOR THE CONTROL OF SEDIMENT AND EROSION BEFORE BEGINNING THE PROJECT. I ALSO AUTHORIZE PERIODIC ON-SITE INSPECTIONS BY THE HOWARD SOIL CONSERVATION DISTRICT.

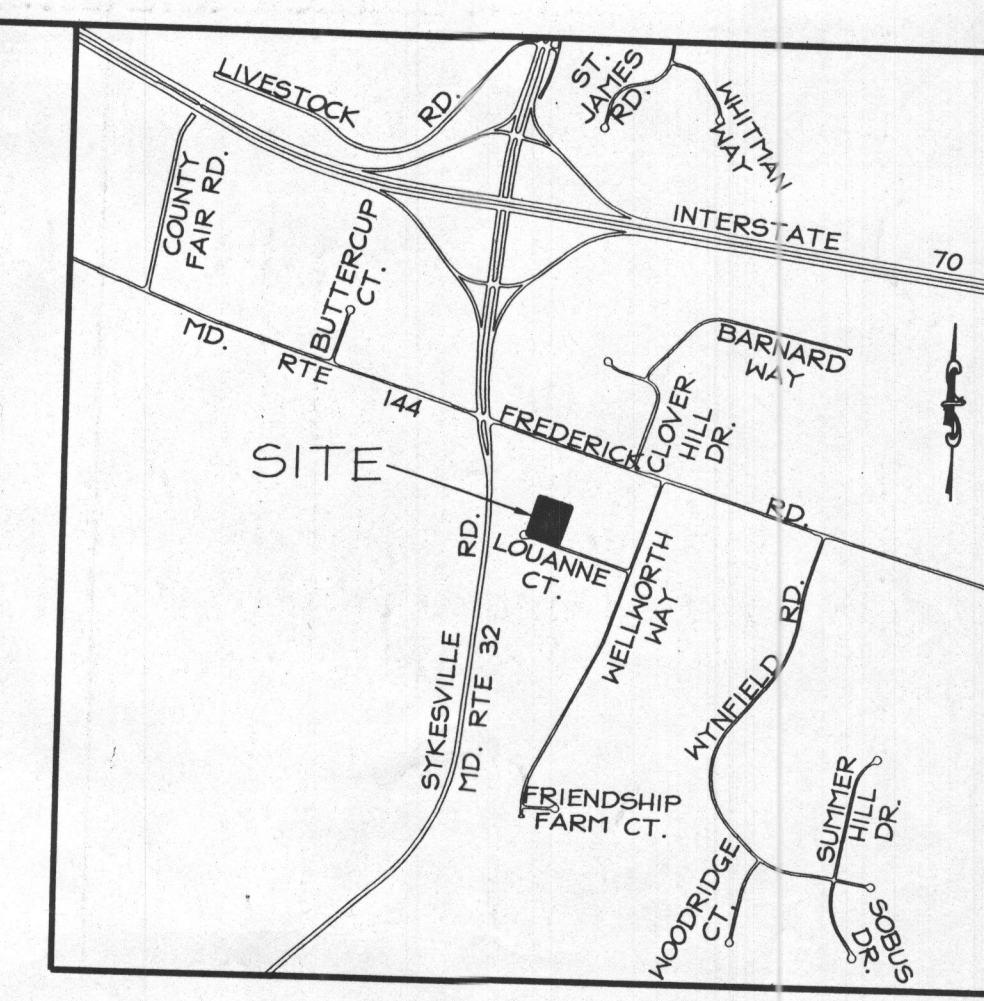
SIGNATURE OF DEVELOPER DATE

ENGINEER'S CERTIFICATE

I CERTIFY THAT THESE PLANS FOR SEDIMENT AND EROSION CONTROL REPRESENT A PRACTICAL AND WORKABLE PLAN BASED ON MY PERSONAL KNOWLEDGE OF THE SITE CONDITIONS AND THAT IT WAS PREPARED IN ACCORDANCE WITH THE REQUIREMENTS OF THE HOWARD SOIL CONSERVATION DISTRICT.

SIGNATURE OF ENGINEER DATE

<p>LDE Inc. Engineers, Surveyors, Planners 9250 Ramsey Road, Suite 106 Columbia, Maryland - 21045 (410) 715-1070 • (800) 596-3424 • FAX (410) 715-9540</p>		
DESIGNED B.D.B.	PERCOLATION CERTIFICATION PLAT	SCALE 1" = 40'
DRAWN J.D.R.	HABIBI PROPERTY FRIENDSHIP MANOR SECTION 2 LOT 32	DRAWING 1 of 1
CHECKED B.D.B.	Tax Map No. 15 - Grid No. 17 - P/O Parcel 235 5th Election District - Howard County, Maryland	JOB NO. 06-002.1
DATE 5/2006	OWNER: Sherry Mortazaei 12 Apple Tree Court Clarksville, MD 21228	FILE NO. -
	BUILDER: Trevor Fozzette 1300 St. Michaels Road Mt. Airy, MD. 21771	



VICINITY MAP
1" = 2000'

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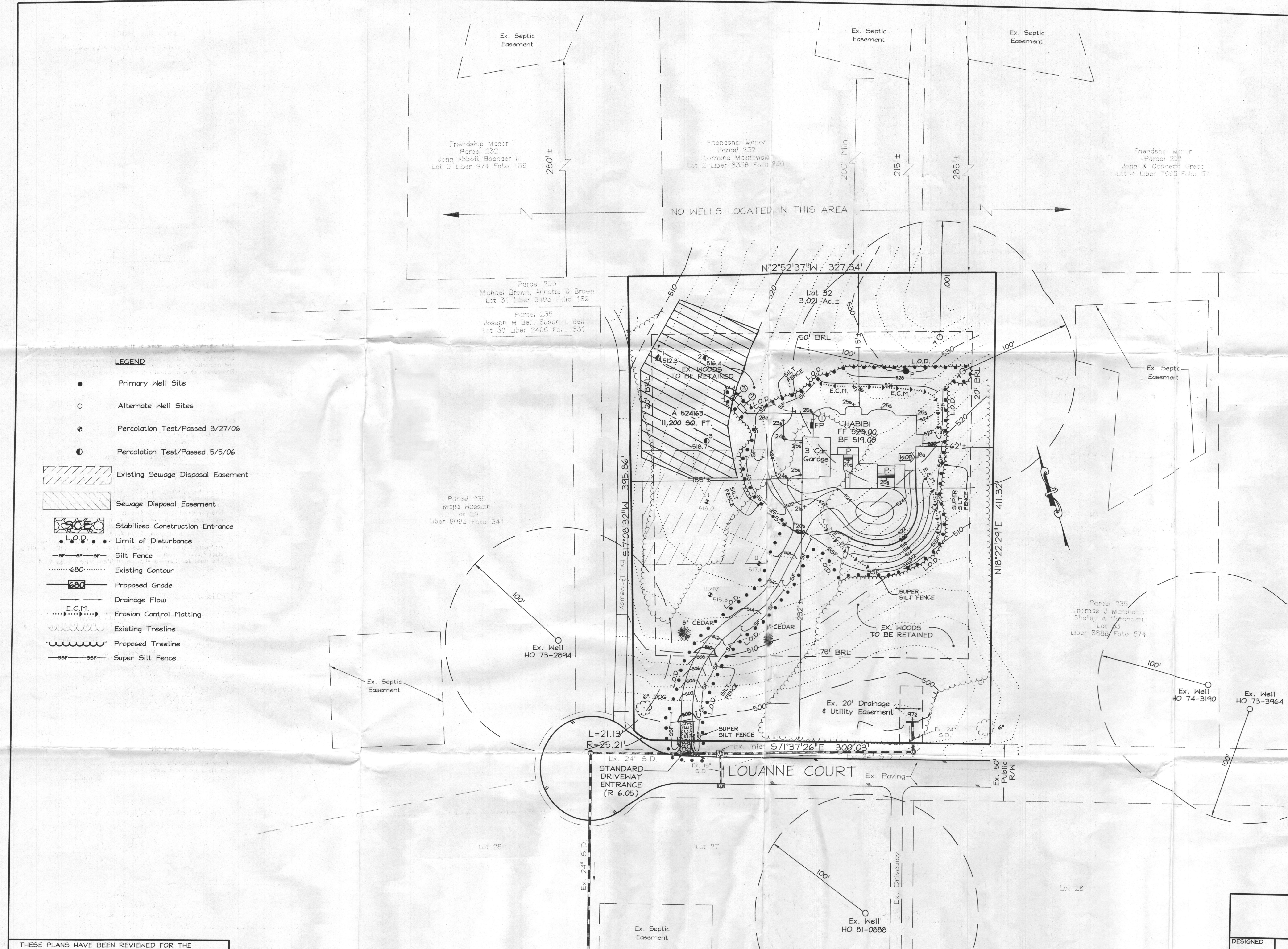
- SEPTIC SYSTEM DESIGN DATE
- INVERT @ FOUNDATION WALL: 522.50 (PROVIDE INTERIOR PUMP PIT FOR BASEMENT SERVICE)
 - 1500 GALLON SEPTIC TANK (4 BEDROOMS) PROVIDE MANHOLE TO FINISHED GRADE
 - A. EX. GROUND OVER TANK: 521.00
 - B. PROP. GRADE OVER TANK: 521.00
 - C. INVERT IN: 518.30
 - D. INVERT OUT: 518.00
 - DISTRIBUTION BOX (PROVIDE 3 OUTLETS MINIMUM)
 - A. EX. GROUND OVER BOX: 520.00
 - B. PROP. GRADE OVER BOX: 520.00
 - C. INVERT: 517.00

PEPC CERTIFICATION

I certify that the locations shown hereon are based on field locations done under my supervision and are correct to the best of my knowledge and belief.

D. Wayne Waller
D. Wayne Waller, Professional Engineer
MD Reg. No. 10585

5/19/06
Date



LEGEND

- Primary Well Site
- Alternate Well Sites
- ◆ Percolation Test/Passed 3/27/06
- ⊙ Percolation Test/Passed 5/5/06
- ▨ Existing Sewage Disposal Easement
- ▩ Sewage Disposal Easement
- SOFO Stabilized Construction Entrance
- Limit of Disturbance
- sf—sf—sf— Silt Fence
- Existing Contour
- 280— Proposed Grade
- Drainage Flow
- E.C.M.— Erosion Control Matting
- ~~~~~ Existing Treeline
- ~~~~~ Proposed Treeline
- ssf—ssf— Super Silt Fence

THESE PLANS HAVE BEEN REVIEWED FOR THE HOWARD SOIL CONSERVATION DISTRICT AND MEET THE TECHNICAL REQUIREMENTS.

NATURAL RESOURCE CONSERVATION SERVICE DATE

THIS DEVELOPMENT PLAN IS APPROVED FOR SOIL EROSION AND SEDIMENT CONTROL BY THE HOWARD SOIL CONSERVATION DISTRICT.

HOWARD SOIL CONSERVATION DISTRICT DATE

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE HOWARD COUNTY HEALTH DEPARTMENT.

Robert L. Wade
FOR HOWARD COUNTY HEALTH OFFICER

5/30/06
DATE

DEVELOPER'S CERTIFICATE

I/WE CERTIFY THAT ALL DEVELOPMENT AND CONSTRUCTION WILL BE DONE ACCORDING TO THESE PLANS OF DEVELOPMENT FOR SEDIMENT AND EROSION CONTROL, AND THAT ALL RESPONSIBLE PERSONNEL INVOLVED IN THE CONSTRUCTION PROJECT WILL HAVE A CERTIFICATE OF ATTENDANCE AT A DEPARTMENT OF ENVIRONMENT APPROVED TRAINING PROGRAM FOR THE CONTROL OF SEDIMENT AND EROSION BEFORE BEGINNING THE PROJECT. I ALSO AUTHORIZE PERIODIC ON-SITE INSPECTIONS BY THE HOWARD SOIL CONSERVATION DISTRICT.

SIGNATURE OF DEVELOPER DATE

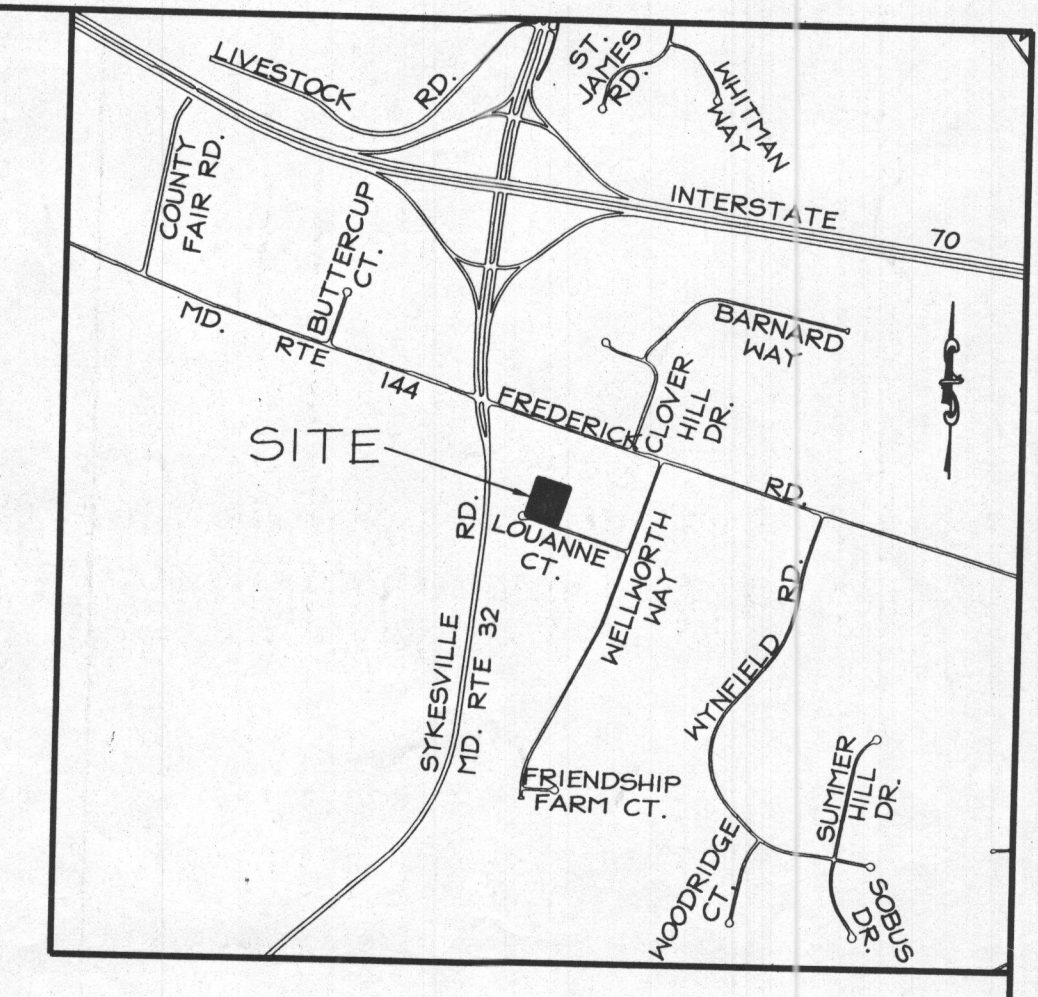
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SIGNATURE OF ENGINEER DATE

LDE Inc. Engineers, Surveyors, Planners 9250 Ramsey Road, Suite 106 Columbia, Maryland - 21045 (410)715-1070 - (301)596-3424 - FAX (410)715-9540		
DESIGNED B.D.B. DRAWN J.D.R.	PERCOLATION CERTIFICATION PLAT HABIBI PROPERTY FRIENDSHIP MANOR SECTION 2 LOT 32	SCALE 1" = 40'
CHECKED B.D.B.	Tax Map No. 15 - Grid No. 17 - P/O Parcel 235 5th Election District - Howard County, Maryland	DRAWING 1 of 1
DATE 5/2006	OWNER: Sherry Martazoe 12 Apple Tree Court Clarksville, MD 21228	JOB NO. 06-002.1
	BUILDER: Trevor Poquette 1300 St. Michaels Road Mt. Airy, MD. 21771	FILE NO. -

SIGNED PERC CERT 5/30/06 GP-06-81



VICINITY MAP
1" = 2000'

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 - A. EX. GROUND OVER TANK: 521.00
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PERC CERTIFICATION
I certify that the locations shown hereon are based on field locations done under my supervision and are correct to the best of my knowledge and belief.
D. Wayne Miller
D. Wayne Miller, Professional Engineer, License No. 10585
Date: 5/19/06

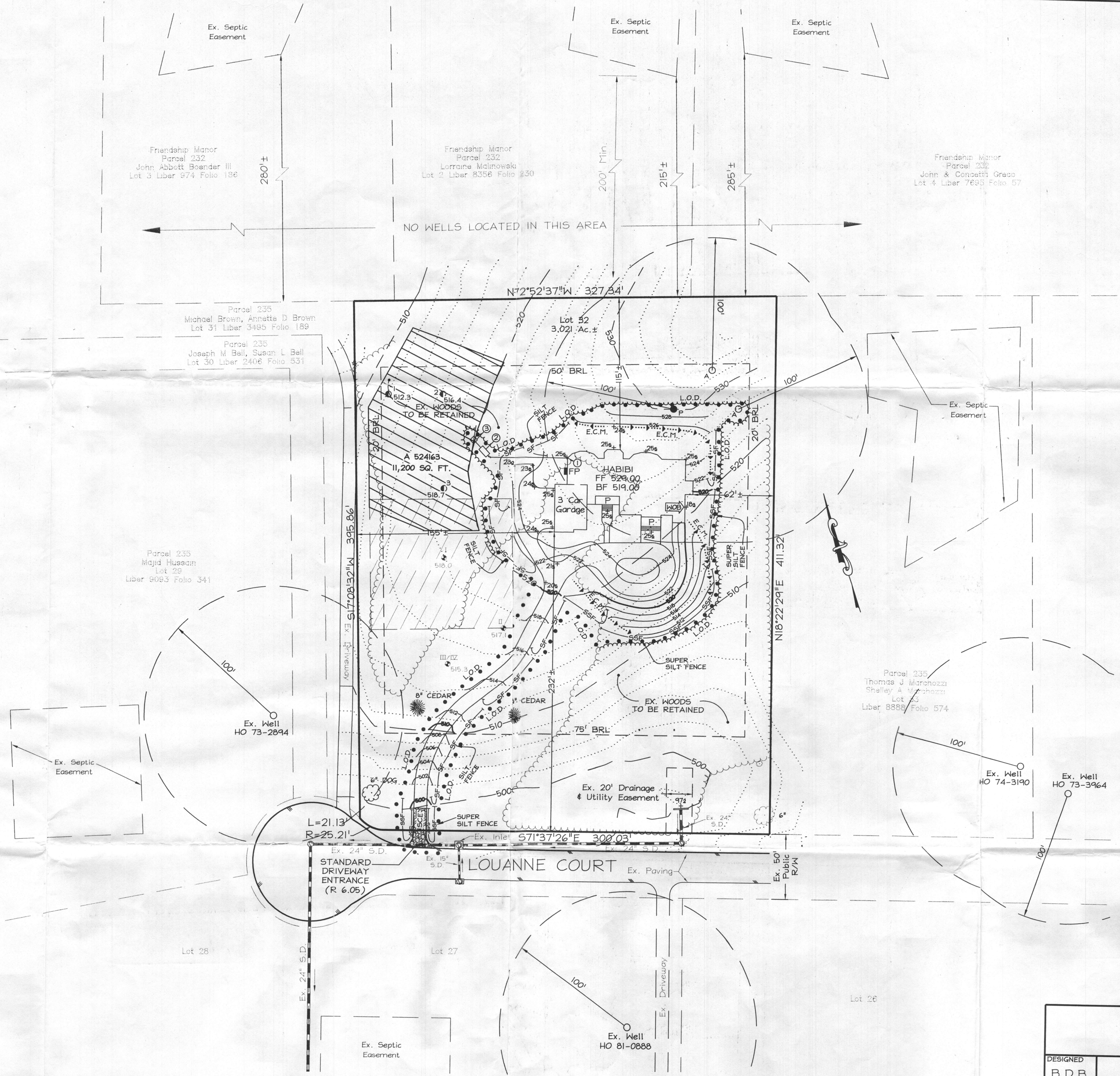
LDE Inc.

Engineers, Surveyors, Planners
9250 Ramsey Road, Suite 106 Columbia, Maryland - 21045
(410)715-1070 - (301)596-3424 - FAX (410)715-9540

DESIGNED B.D.B. <i>Bruce Burton</i>	PERCOLATION CERTIFICATION PLAT	SCALE 1" = 40'
DRAWN J.D.R.	HABIBI PROPERTY FRIENDSHIP MANOR SECTION 2 LOT 32	DRAWING 1 of 1
CHECKED B.D.B.	Tax Map No. 15 - Grid No. 17 - P/O Parcel 235 5th Election District - Howard County, Maryland	JOB NO. 06-002.1
DATE 5/2006	OWNER: Sherry Marzocoe 12 Apple Tree Court Clarksville, MD 21228	BUILDER: Trevor Poquette 1300 St. Michaels Road Tt. Alty, MD. 21771
HOWARD SOIL CONSERVATION DISTRICT	DATE	FILE NO.

SIGNED PERC CERT 5/30/06 GP-06-81

- LEGEND
- Primary Well Site
 - Alternate Well Sites
 - ◆ Percolation Test/Passed 3/27/06
 - ⊙ Percolation Test/Passed 5/5/06
 - Existing Sewage Disposal Easement
 - Sewage Disposal Easement
 - Stabilized Construction Entrance
 - L.O.D. Limit of Disturbance
 - Silt Fence
 - Existing Contour
 - Proposed Grade
 - Drainage Flow
 - E.C.M. Erosion Control Matting
 - Existing Treeline
 - Proposed Treeline
 - Super Silt Fence



THESE PLANS HAVE BEEN REVIEWED FOR THE HOWARD SOIL CONSERVATION DISTRICT AND MEET THE TECHNICAL REQUIREMENTS.

NATURAL RESOURCE CONSERVATION SERVICE DATE
THIS DEVELOPMENT PLAN IS APPROVED FOR SOIL EROSION AND SEDIMENT CONTROL BY THE HOWARD SOIL CONSERVATION DISTRICT.
HOWARD SOIL CONSERVATION DISTRICT DATE

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE HOWARD COUNTY HEALTH DEPARTMENT.
Robert J. Weller
HOWARD COUNTY HEALTH OFFICER
DATE: 5/30/06

DEVELOPER'S CERTIFICATE
I/WE CERTIFY THAT ALL DEVELOPMENT AND CONSTRUCTION WILL BE DONE ACCORDING TO THESE PLANS OF DEVELOPMENT FOR SEDIMENT AND EROSION CONTROL, AND THAT ALL RESPONSIBLE PERSONNEL INVOLVED IN THE CONSTRUCTION PROJECT WILL HAVE A CERTIFICATE OF ATTENDANCE AT A DEPARTMENT OF ENVIRONMENT APPROVED TRAINING PROGRAM FOR THE CONTROL OF SEDIMENT AND EROSION BEFORE BEGINNING THE PROJECT. I ALSO AUTHORIZE PERIODIC ON-SITE INSPECTIONS BY THE HOWARD SOIL CONSERVATION DISTRICT.
SIGNATURE OF DEVELOPER DATE

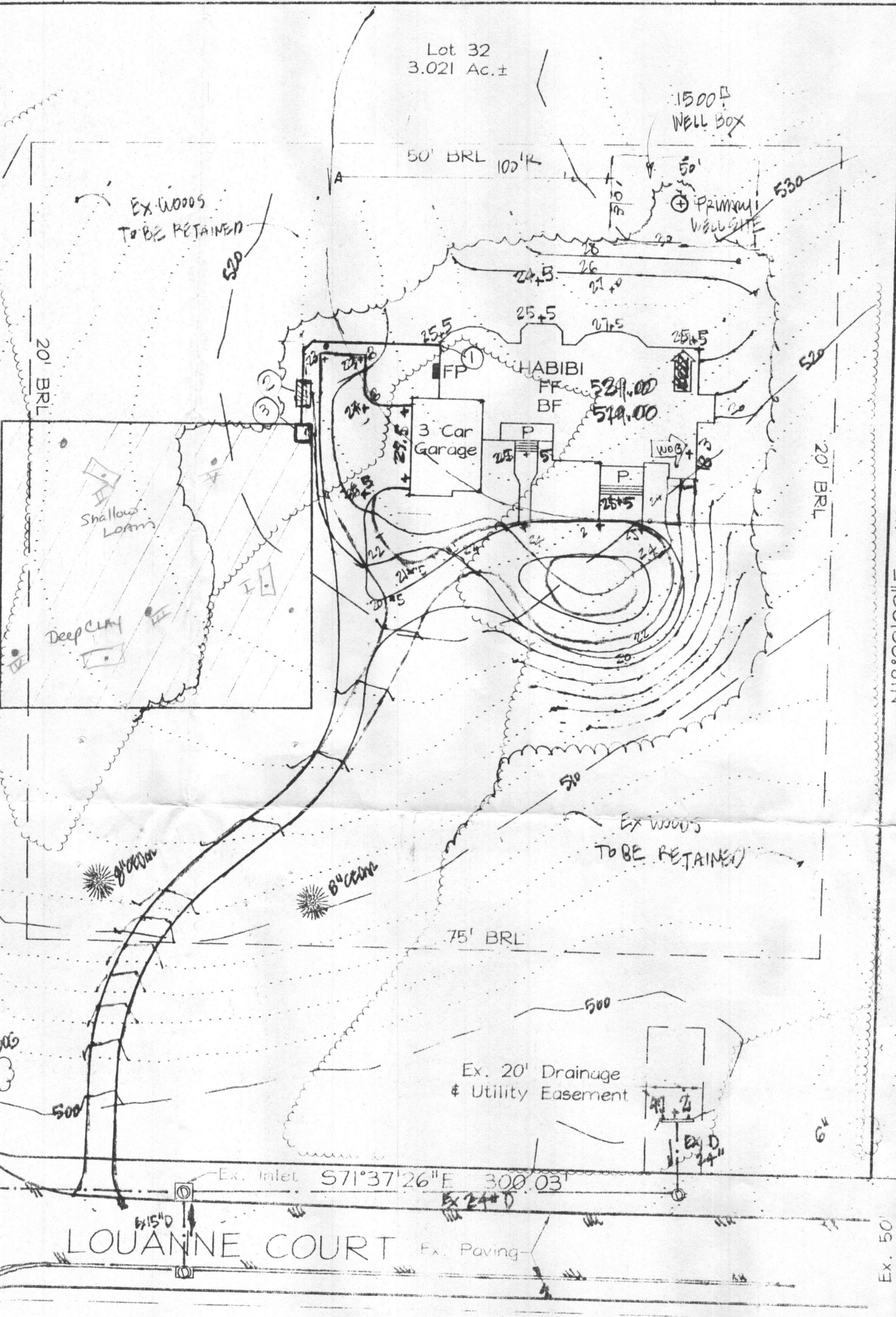
ENGINEER'S CERTIFICATE
I CERTIFY THAT THESE PLANS FOR SEDIMENT AND EROSION CONTROL REPRESENT A PRACTICAL AND WORKABLE PLAN BASED ON MY PERSONAL KNOWLEDGE OF THE SITE CONDITIONS AND THAT IT WAS PREPARED IN ACCORDANCE WITH THE REQUIREMENTS OF THE HOWARD SOIL CONSERVATION DISTRICT.
SIGNATURE OF ENGINEER DATE

Friendship Manor
Parcel 235
Lorraine Malinowski
Lot 2 Liber 8386 Folio 231

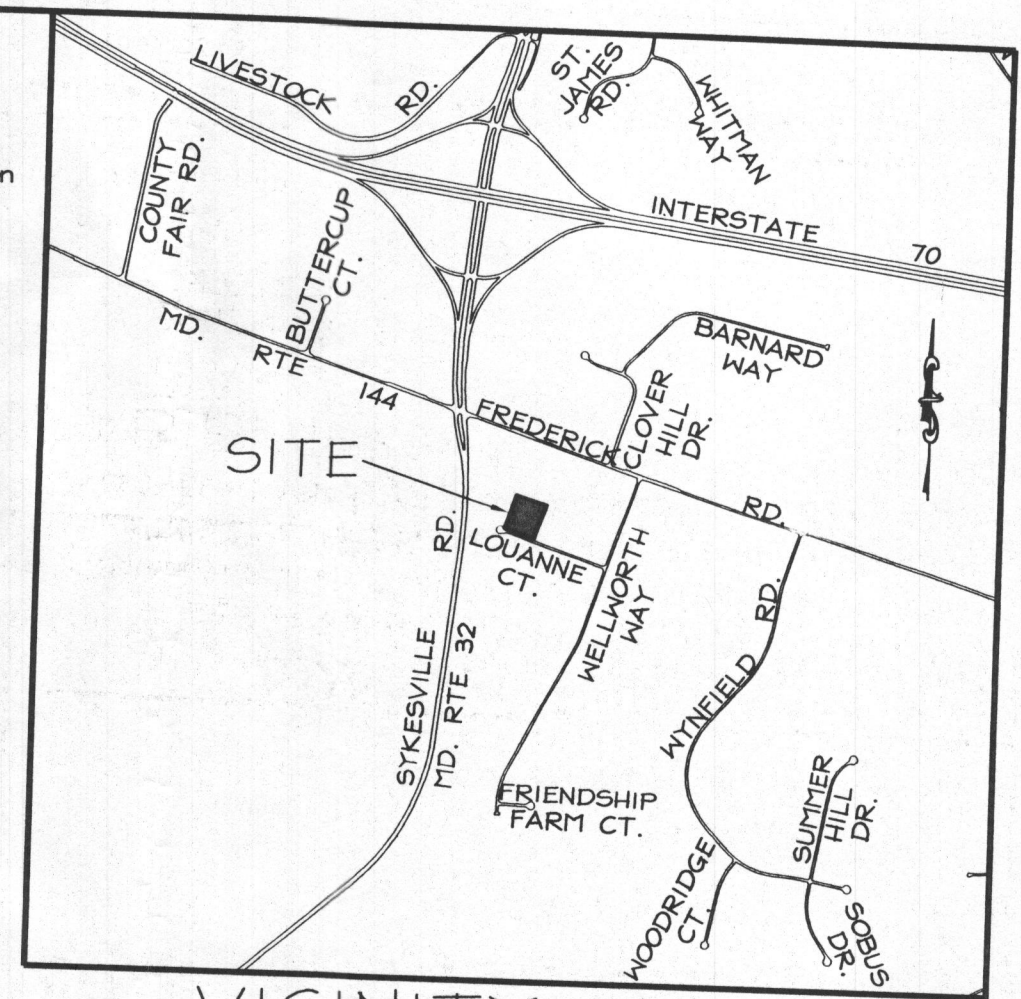
Friendship Manor
Parcel 235
John A. Conzatti Sr.
Lot 2 Liber 7830 Folio

N72°52'37"W 327.34'

Lot 32
3.021 Ac. ±



////// This area designates a private sewage easement of at least 10,000 square feet as required by the Maryland Department of the Environment for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public system. The County Health Officer shall have the authority to grant adjustments to the private sewage easement. Recordation of a modified sewage easement shall not be necessary.



VICINITY MAP

1" = 2000'

Notes:

- Existing Zoning: RR
- Plat Reference: Plat #3887
- Total Lot Area: 3.021 Ac. ±
- The lot shown hereon complies with the minimum lot area and the ownership width as required by the Maryland State Department of the Environment.
- The Topography shown hereon is field run by LDE Inc. dated 2/06.
- The existing wells have been shown within 100 feet of the lot which may affect this proposal.
- Limit of Disturbance: 40,000 SF
- The proposed driveway for this lot shall be a minimum of 10 feet wide, 6 inch crusher run with 2 1/2 inch macadam surface.
- See architectural plans for building dimensions.
- The existing well shown on this plan (identified with the attached well tag number HO#) has been field located by LDE, Inc., Professional Land Surveyors and accurately located.
- Stormwater management for the subject lot has been addressed through the use of the environmentally sensitive development credit.

SEPTIC SYSTEM DESIGN DATA

- INVERT FOUNDATION WALL: 522.50
(PROVIDE INTERIOR PUMP PIT FOR BASEMENT SERVICE)
- 1500 GALLON SEPTIC TANK (4 BEDROOMS)
PROVIDE MANHOLE TO FINISHED GRADE
A. B.P. GRADE OVER TANK: 522.00
B. P.P. GRADE OVER TANK: 522.00
C. INVERT IN: 519.30
D. INVERT OUT: 519.00
- DISTRIBUTION BOX (PROVIDE 3 OUTLETS MINIMUM)
A. GROUP OVER BOX: 521.50
B. P.P. GRADE OVER BOX: 521.50
C. INVERT: 518.50

40,000 SF
DISTURBANCE

LEGEND

- Seepage Disposal Easement
- Stabilized Construction Entrance
- L.O.D. Limit of Disturbance
- SF-SF Silt Fence
- 680 Existing Contour
- 680 Proposed Grade
- Drainage Flow
- Erosion Control Matting
- Existing Treeline
- Proposed Treeline

REVISIONS			
By	Date	No.	Description

LDE Inc.
Engineers, Surveyors, Planners
9250 Rumsey Road, Suite 106 Columbia, Maryland - 21045
(410)715-1070 - (301)596-3424 - FAX(410)715-9540

DESIGNED: B.D.B.
DRAWN: J.D.R.
CHECKED: B.D.B.
DATE: 2/2006

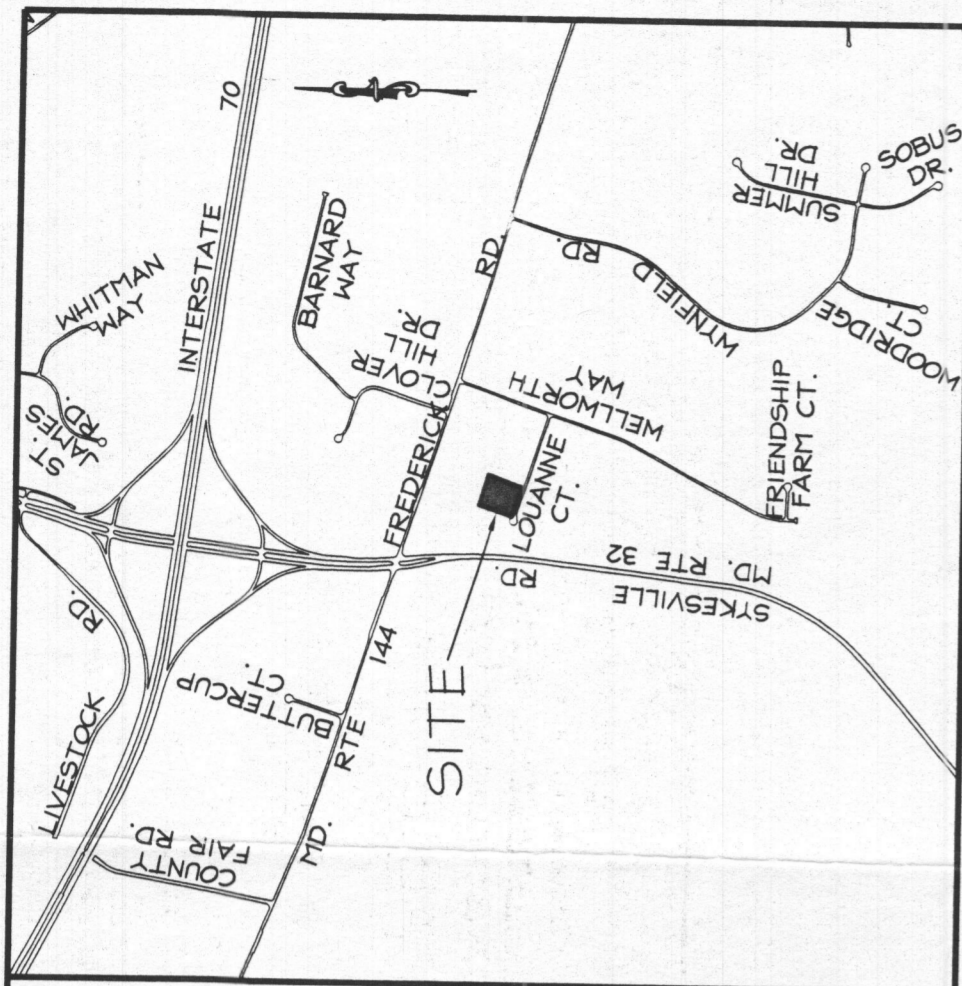
PLOT PLAN FOR BUILDING PERMIT
HABIBI PROPERTY
PARCEL 235
FRIENDSHIP MANOR
SECTION 2 LOT 32

Tax Map No. 15 - Grid No. 17 - Parcel 235
5th Election District - Howard County, Maryland

OWNER:
Sherry Mortazaei
12 Apple Tree Court
Clarksville, MD 21228

BUILDER:
Trevor Paquette
1300 St. Michaels Road
Mt. Airy, MD. 21771

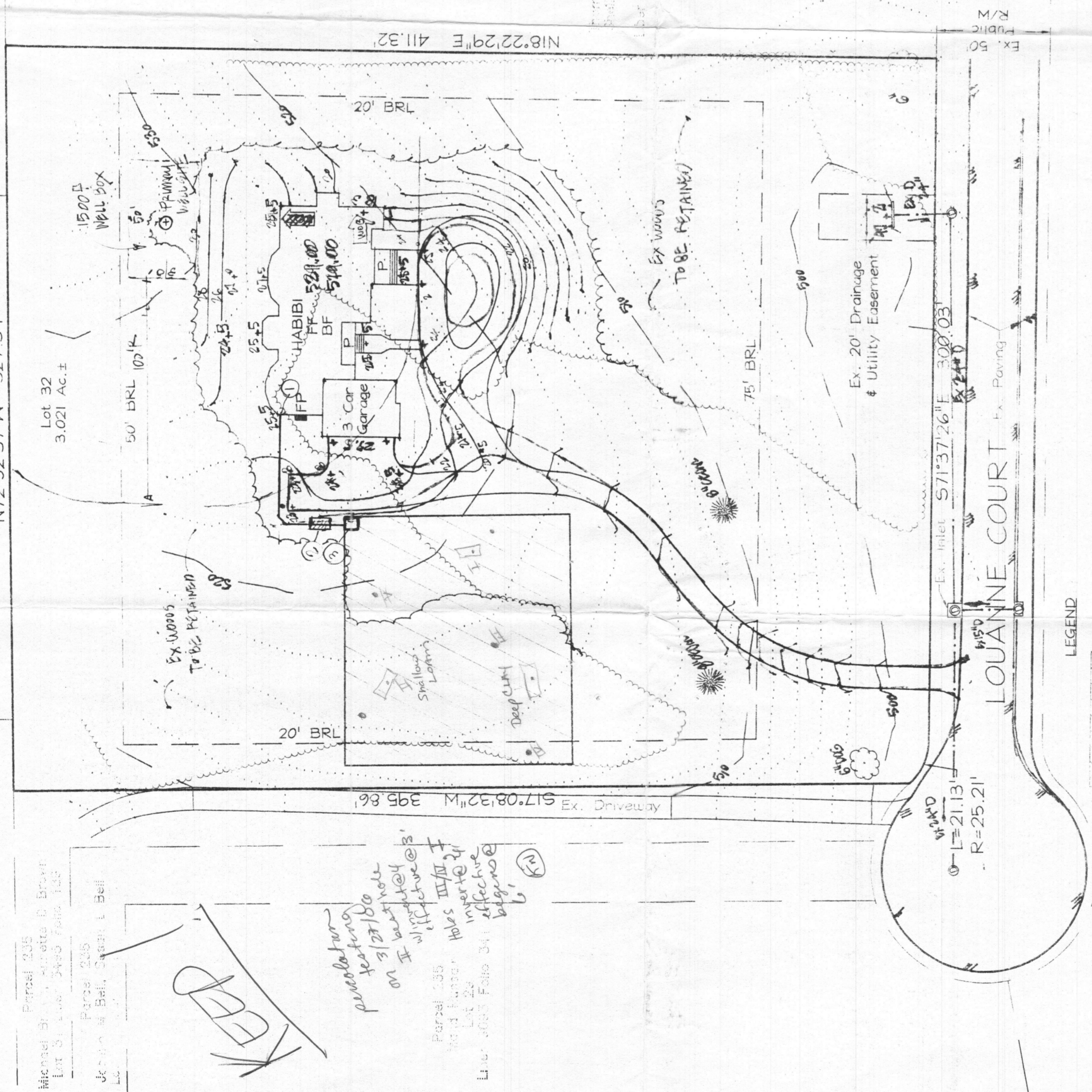
SCALE: 1" = 40'
DRAWING: 1 of 1
JOB NO.: 06-002
FILE NO.: -



VICINITY MAP
1" = 2000'

- Notes:
- Existing Zoning: RR
 - Plat Reference: Plat #3887
 - Total Lot Area: 3.021 Ac. ±
 - The lot shown hereon complies with the minimum lot area and the ownership width as required by the Maryland State Department of the Environment.
 - The Topography shown hereon is field run by LDE Inc. dated 2/06.
 - The existing wells have been shown within 100 feet of the lot which may affect this proposal.
 - Limit of Disturbance: 24 Ft. ±
 - The proposed driveway for this lot shall be a minimum of 10 feet wide, 6 inch crusher run with 2 1/2 inch macadam surface.
 - See architectural plans for building dimensions.
 - The existing well shown on this plan (identified with the attached well tag number HW-1) has been field located by LDE Inc. Professional Land Surveyors and accurately located.
 - Stormwater management for the subject lot has been addressed through the use of the environmentally sensitive development credit.

77777 This area designates a private sewage easement of at least 10,000 square feet as required by the Maryland Department of the Environment for individual sewage disposal improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public system. The County Health Officer shall have the authority to grant adjustments to the private sewage easement. Recordation of a modified sewage easement shall not be necessary.



- SEPTIC SYSTEM DESIGN DATA
- FOUNDATION WALL: 520.50
 - FOUNDATION INTRA-OF PUMP PIT AND OVERFLOW SERVICE
 - 1500 GALLON SEPTIC TANK (4 BROWNS)
 - FLOW: 1500 GPM
 - 2. INLET IN: 519.30
 - 3. INLET OUT: 519.00
 - DISPOSAL BOX (REMOVE 3 OUTLETS MINIMUM)
 - 1. INLET: 521.50
 - 2. INLET: 518.50

LEGEND

- Seepage Disposal Easement
- Stabilized Construction Entrance
- L.O.D.
- Limit of Disturbance
- Silt Fence
- Existing Contour
- Proposed Grade
- Drainage Flow
- Erosion Control Matting
- Existing Treeline
- Proposed Treeline

REVISIONS

By	Date	No.	Description

LDE Inc.
Engineers, Surveyors, Planners
9250 Ramsey Road, Suite 106 Columbia, Maryland - 21045
(410)715-1070 - (800)596-3424 - FAX(410)715-9540

PLOT PLAN FOR BUILDING PERMIT
HABIBI PROPERTY
PARCEL 235
FRIENDSHIP MANOR
SECTION 2 LOT 32

Tax Map No. 15 - Grid No. 17 - Parcel 235
5th Election District - Howard County, Maryland

OWNER:
Sherry Hortaces
12 Apple Tree Court
Clarksville, MD 21228

BUILDER:
Trevor Poquette
1300 St. Michaels Road
Mt. Airy, MD. 21771

DESIGNED: B.D.B.
DRAWN: J.D.R.
CHECKED: B.D.B.
DATE: 2/2006

SCALE: 1" = 40'
DRAWING: 1 of 1
JOB NO.: 06-002
FILE NO.: -

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

B07003252

2599

Building Address 10175 Old Frederick Rd
West Friendship, MD 21794
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 603000 Subdivision Friendship Manor
Section _____ Area _____ Lot 32
Tax Map 15 Parcel 235 Grid 17
Zoning RR Map Coordinates _____ Lot size 3.021

Property Owner's Name Hassan Habibi
Address 10175 Old Frederick Rd
City Ellicott City State MD Zip Code 21042
Home Phone _____ Work Phone 410 375 8790
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax 410 489 0813

Existing Use Residential
Proposed Use Residential
Estimated Construction Cost \$ 2000
Description of Work Retaining Wall
located in the rear yard
7' High - 12' Long.

Contractor Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
License No. _____
Phone _____ Fax _____

Occupant or Tenant _____
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/> NFFPA #13D _____ NFFPA #13R _____ Other: _____
No. of Bedrooms <u>4</u>	
Height: <u>3' 6" long</u>	
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: <u>Retaining Wall</u>	
Dimensions: <u>6' x 12' 6"</u>	
Footings: _____	
Roof Height: _____	
State Certified Modular _____ Manufactured Home _____	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature _____ Print Name Hassan Habibi
Title/Company _____ Date 7/3/07

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE	APPROVAL
Land Development, DPZ			
State Highways			
Building Official			
Dev. Engineering, DPZ			
Health	<u>8/14/2007</u>	<u>R Bush</u>	
Fire Protection			

Is Sediment Control approval required prior to issuance?
YES NO

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ <u>1000</u>
Side: _____	Excise tax \$ _____
Side St: _____	Add'l per. fee \$ _____
All minimum setbacks met?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>1092</u>
Historic District?	Validation # _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for NewTown Zone _____	
SDP/Red-line approval date _____	Accepted by _____

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

T:\forms\PERMIT.FRM Rev. 11/4/04

G-9622

B 00153986

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLSWORTH CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

HAB101

Building Address LouAnne Court
 Suite/Apt. #: 03-305821 SDP/M/P/Petition #: 01-06-81
 Census Tract 003000 Subdivision FRIENDSHIP MANOR
 Section 2 Area _____ Lot 38
 Tax Map 15 Parcel 235 Grid 17
 Zoning RR-RTD Map Coordinates 1004 Lot size 3,001

Property Owner's Name SHERRY MORTAZEE
 Address 10125 OLD FRED RD
 City REC State MD Zip Code 21042
 Home Phone _____ Work Phone 410-3758790
 Applicant's Name & Mailing Address, (if other than stated hereon):

 Phone _____ Fax 410-489-0813

Existing Use _____
 Proposed Use _____
 Estimated Construction Cost \$ 10,000
 Description of Work Construction of a
Single Family Home

Contractor Company Poquette Const MGMT
 Contact Person James Poquette
 Address 1304 Pinebrook Rd
 City MARY State MD Zip Code 21771
 License No. _____
 Phone 443-336-7690 Fax 410-489-0813

Occupant or Tenant _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company ADS, LLC
 Contact Person Tom K. Oishi
 Address P.O. Box 1491
 City _____ State MD Zip Code 21158
 Phone 443-398-5140 Fax 661-450-3370

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: <u>2</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input checked="" type="checkbox"/> Wood Frame	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: <u>60'</u> Depth <u>107'</u> Width <u>105'</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawlspace <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
No. of Bedrooms <u>4</u>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFA #13D <input type="checkbox"/> NFA #13R <input type="checkbox"/> Other:
Height: _____	
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____ Footings: _____ Roof Height: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature _____
 Title/Company _____

Print Name SHERRY MORTAZEE
 Date 4/10/2006

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY IDE
Land Development DPZ			Front: _____	Filing fee \$ <u>100.00</u>
State Highway			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St: _____	Add'l per. fee \$ _____
Health	<u>7/20/06</u>	<u>Asghar</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>1171</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation \$ <u>1120.00</u>
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Lot Coverage for New/Town Zone _____	Accepted by <u>[Signature]</u>
T:\Forms\PERMIT.FRM			SDP/Red-line approval date _____	

410-489-0813



$\frac{1810}{1823}$

B00158986

DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS

Robert J. Frances, P.E., Acting Director

NOTICE OF VIOLATION

July 3, 2007

Hassan Habibi and Ashraf Mortazaei
10125 Old Frederick Road
Ellicott City, Maryland 21042

**SUBJECT: CB070386 – 2599 Louanne Court
Retaining Wall**

Dear Mr. Habibi and Ms. Mortazaei:

In response to a complaint received on June 29, 2007, it has been discovered that a retaining wall is under construction without the required permits or inspections which is in violation of the Howard County Building Code. 2006 International Building Code, Sections 105 and 109.

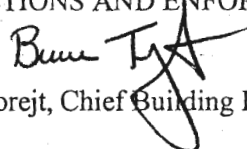
You are hereby directed to obtain all required permits and inspections or remove the unauthorized structure.

Please contact the License and Permit Division at 410-313-2455 for information on permit filing. An investigation fee will be assessed in addition to all required permit fees for commencing work prior to obtaining permits.

All violations, including obtaining the required permits and inspections or removal of the unauthorized structure, must be corrected in order to prevent any further enforcement action. The proper permits must be obtained by July 18, 2007, in order to prevent any further enforcement action. Failure to correct the violations by the above date may result in legal action being taken against you, including the issuance of a civil citation with a minimum fine of \$100 a day for each day the violations are not corrected.

If you have any questions regarding the above 1811, contact Bruce Forejt, Chief Building Inspector, Monday through Friday between 8:00 and 9:00 a.m. at 410-313-1811.

Sincerely,
INSPECTIONS AND ENFORCEMENT DIVISION


Bruce Forejt, Chief Building Inspector

B26-WorkingWithoutPermits, Created 12/06
c Inspector File
Bruce Forejt
Sean Kelly
Donald Mock, Plans Review
Avis Corbin, License and Permit Division
Donald Koelsch, CID
Tickler File
Legal File
2599louanne.B26.doc

Building Address 2599 Louanne Court
W. F. F. Md 21714

Suite/Apt. #: _____ SDP/WPP Petition #: _____

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name James Hubb

Address 2599 Louanne Court

City W. F. F. Md State MD Zip Code 21714

Home Phone _____ Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax _____

Existing Use None SFD

Proposed Use SFD underground

Estimated Construction Cost \$ 2800.00

Description of Work 500kg LP Tank in Engine
building + water heaters.

Contractor Company Ambridge

Contact Person Glenn King 701-573-3260

Address 1573 The D. #2 Pax: 301-620-7923

City Frostburg State MD Zip Code 21724

License No. _____

Phone? 761-746 Fax 301-620-7143

Occupant or Tenant _____

Contact Name James Hubb

Address 2599 Louanne Court

City W. F. F. Md State MD Zip Code 21714

Phone 761-746 Fax _____

Engineer or Architect Company _____

Contact Person James Hubb

Address 1103 N. Hubb St

City W. F. F. Md State MD Zip Code 21714

Phone 443-336-7670 Fax _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____ Height: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
<input type="checkbox"/> State Certified Modular		<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Glenn E. King Print Name Glenn E. King

Title/Company _____ Date 6/11/07

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY IDE
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ <u>150.00</u>
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St: _____	Add'l per. fee \$ _____
Health	<u>7/10/07</u>	<u>Stouffer</u>	All minimum setbacks met?	TOTAL FEES \$ <u>110.00</u>
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ <u>110.00</u>
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>5016 001</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Lot Coverage for New Town Zone _____	Accepted by _____
White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	SDP/Red-line approval date _____	
White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health	Gold: SHA
White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health	Gold: SHA